State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

Date: **February 12, 2014**

To: **HSDA Members**

From: **Melanie M. Hill, Executive Director**

Re: **CONSENT CALENDAR JUSTIFICATION**
CN1312-049 – Professional Home Health Care Services, LLC d/b/a CareAll Homecare Services

As permitted by Statute and further explained by Agency Rule on the last page of this memo, I have placed this application on the consent calendar based upon my determination that the application appears to meet the established criteria for granting a certificate of need. Need, economic feasibility and contribution to the orderly development of health care appear to have been demonstrated as detailed below. If Agency Members determine that the criteria have been met, a member may move to approve the application by adopting the criteria set forth in this justification or develop another motion for approval that addresses each of the three criteria required for approval of a certificate of need.

At the time the application entered the review cycle on January 1, 2014, it was not opposed. If the application is opposed prior to it being heard, it will be moved to the bottom of the regular November agenda and the applicant will make a full presentation.

Summary—

CareAll Homecare Services proposes to relocate its parent office from Covington, Tennessee in Tipton County to Brownsville, Tennessee in Haywood County, which currently operates as a branch office. The distance is approximately 25 miles point to point. CareAll is licensed to serve nineteen counties including Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakly. According to the 2012 Joint Annual Report, no services were provided in Benton, Carroll, Henry, Obion, or Weakley Counties. Branch offices are currently located in Brownville, Ripley, Alamo, Jackson, and Henderson. This request will not affect any of the other branch offices.

The applicant identifies the followings reasons for the relocation: 1) to locate the parent agency (administrative office) to a more central location within the service area 2) to recognize cost savings. The Brownsville office has a census of 124 while the Covington office currently only serves 19. The total

census for the agency is 450 patients. The closure of the office in Covington will eliminate two staff positions. Total estimated savings are $245,544 annually. If this application is approved, reimbursement will be reduced because the Covington office is currently reimbursed at an urban rate while the Brownsville office is reimbursed at a rural rate.

The project will be funded by cash reserves.

NOTE to Agency Members**: **CareAll Management and related entities agreed to a $9.375 million dollar settlement to resolve a federal False Claims Act Lawsuit in 2012 (see attachment). Mary Ellen Foley, who is the contact for the applicant, stated that the settlement with the federal government did not influence the decision to relocate the parent agency office.

Executive Director Justification -

Need- Need is demonstrated based upon the applicant's ability to continue to serve the population it presently serves.

Economic Feasibility-The only costs associated with the project are fees associated with the CON filing fee and legal and administrative fees. This will be funded though the cash reserves of the agency. While the relocation will result in reduced reimbursement, it will also reduce administrative costs significantly.

Contribution to the Orderly Development of Health Care-The project does contribute to the orderly development of health care since it appears the relocation of the parent office will significantly reduce administrative costs without negatively affecting patient care.

Statutory Citation -TCA 68-11-1608. Review of applications -- Report

(d) The executive director may establish a date of less than sixty (60) days for reports on applications that are to be considered for a consent or emergency calendar established in accordance with agency rule. Any such rule shall provide that, in order to qualify for the consent calendar, an application must not be opposed by any person with legal standing to oppose and the application must appear to meet the established criteria for the issuance of a certificate of need. If opposition is stated in writing prior to the application being formally considered by the agency, it shall be taken off the consent calendar and placed on the next regular agenda, unless waived by the parties.

Rules of the Health Services and Development Agency - 0720-10-.05 CONSENT CALENDAR

(1) Each monthly meeting's agenda will be available for both a consent calendar and a regular calendar.

(2) In order to be placed on the consent calendar, the application must not be opposed by anyone having legal standing to oppose the application, and the executive director must determine that the application appears to meet the established criteria for granting a certificate of need. Public notice of all applications intended to be placed on the consent calendar will be given.

(3) As to all applications which are placed on the consent calendar, the reviewing agency shall file its official report with The Agency within thirty (30) days of the beginning of the applicable review cycle.

(4) If opposition by anyone having legal standing to oppose the application is stated in writing prior to the application being formally considered by The Agency, it will be taken off the consent calendar and placed on the next regular agenda. Any member of The Agency may state opposition to the application being heard on the consent calendar, and if reasonable grounds for such opposition are given, the application will be removed from the consent calendar and placed on the next regular agenda.

(a) For purposes of this rule, the "next regular agenda" means the next regular calendar to be considered at the same monthly meeting.

(5) Any application which remains on the consent calendar will be individually considered and voted upon by The Agency.

NEWS

Nashville-Based James W. Carell, CareAll, Inc., And Related Entities Agree To Pay U.S. $9.375 Million To Resolve False Caims Act Lawsuit

FOR IMMEDIATE RELEASE August 13, 2012

James W. Carell, CareAll Management, LLC and related entities have agreed to pay $9.375 million to the federal government to resolve the lawsuit that the United States filed in 2009 alleging that they violated the False Claims Act, announced Stuart Delery, Acting Assistant Attorney General for the Civil Division of the Department of Justice and Jerry E. Martin, U.S. Attorney for the Middle District of Tennessee.

The lawsuit also alleged that CareAll (formerly known as Diversified Health Management, Inc.) and related entities, including, CareAll, Inc., the James W. Carell Family Trust, VIP Home Nursing and Rehabilitation Services, LLC, Professional Home Health Care, LLC, University Home Health, LLC and Elizabeth Vining (as representative of the Estate of Robert Vining) caused Medicare to pay out money through mistake of fact, and were unjustly enriched by falsely concealing the home health agencies' relationship with their management company. VIP, Professional and University now operate under the name CareAll.

James W. Carell and the related CareAll entities named above also agreed to be bound by the terms of a Corporate Integrity Agreement with the Department of Health andHuman Services-Office of Inspector General (HHS-OIG).

CareAll and its related entities are one of the largest home health providers in Tennessee. This settlement resolves the United States' lawsuit alleging that the CareAll entities fraudulently submitted eight cost reports for fiscal years 1999, 2000, and 2001 to support their Medicare billings. The United States alleged that these reports were false because they knowingly hid the relationship between the management company and the home health agencies.

According to the complaint the United States filed in this case, the cost reports should have disclosed that the management company was related to the home health agencies, which would have lowered the Medicare reimbursement for the management company's services. During the relevant years, the United States alleged that James W. Carell owned the management company, and his friend Robert Vining, an attorney who lived in Missouri, served as the nominee or "sham" owner of the home health agencies.

The United States further alleged in Court filings that the management company exerted significant control over the home health agencies in a myriad of ways, including James. W. Carell's key role in facilitating Robert Vining's purchase of the home health agencies; loans worth millions of dollars from companies owned by James W. Carell to the home health agencies; cash transfers for millions of dollars from the management company to the home health agencies; the management company's day to day control over the home health agencies' operations; and Robert Vining's role as a mere figurehead owner.

The United States also alleged in court filings that James W. Carell profited greatly from this sham owner relationship and that he monetarily rewarded Robert Vining for his participation in this scheme.

"The false reporting scheme alleged in this case robbed the Medicare Trust Fund of millions of taxpayer dollars," said Stuart Delery, Acting Assistant Attorney General for the Civil Division of the Department of Justice. "Settlements like this one make sure that our federal health care dollars are spent appropriately – on maintaining critical health care programs."

"This settlement is yet another example of this office's commitment to enforcing the False Claims Act in health care cases and protecting the taxpayer's interests," said U.S. Attorney Jerry Martin. "The U.S. Attorney's Office will continue to return money to the federal treasury by aggressively pursuing cases where, based on false reporting and concealment, health care companies are unjustly enriched."

UNITED STATES ATTORNEYS' OFFICES
HOMEPAGE

UNITED STATES ATTORNEYS' OFFICES
BRIEFING ROOM

UNITED STATES ATTORNEYS' OFFICES
MULTI-VICTIM CASES

"This settlement represents a significant victory in our fight against fraud in the Medicare system," said Derrick L. Jackson, Special Agent in Charge of the U.S. Department of Health and Human Services, Office of Inspector General in Atlanta. "The OIG is committed to protecting the integrity of federal health care programs by aggressively pursuing entities that increase their revenue through deceitful schemes and trickery."

The investigation of this case was conducted by HHS-OIG. The government was represented by Asst. U.S. Attorney Ellen Bowden McIntyre of the Middle District of Tennessee and Trial Attorneys and Susan Lynch and Michael McMahon of the Civil Division - U.S. Department of Justice.

The case is docketed as *United States v. James W. Carell, et al.*, No. 3:09-0445 (M.D. Tenn.). The claims settled by this agreement are allegations only, and there has been no determination of liability.

Return to Top

From the Nashville Business Journal
:http://www.bizjournals.com/nashville/news/2012/08/10/careall-to-pay-9m-settlement-with-feds.html

Aug 10, 2012, 5:36pm CDT

Home health provider CareAll to pay $9M settlement with feds

Annie Johnson
Staff Reporter- *Nashville Business Journal*
Email | Google+

Nashville-based CareAll Management LLC has agreed to pay the federal government $9.375 million to settle charges that the home health company fraudulently billed Medicare.

The settlement, announced late Friday by the U.S. Department of Justice and the U.S. Attorney's Office for the Middle District of Tennessee, ends a three-year investigation into alleged billing violations that occurred between 1999 and 2001. The company denies any wrongdoing.

"The false reporting scheme alleged in this case robbed the Medicare Trust Fund of millions of taxpayer dollars," Stuart Delery, acting assistant attorney general for the civil division of the Department of Justice, said in the news release.

CareAll is one of the largest home health providers in Tennessee.

James W. Carell, CareAll Management and related entities will pay the settlement to resolve a lawsuit filed by the federal government in 2009 alleging the company violated the False Claims Act. The action stemmed from allegations that CareAll, formerly named Diversified Health Management, wrongly concealed the relationship between the management company and related home health agencies that resulted in improper payments by Medicare.

In addition to the settlement, Carell and his CareAll entities agreed to terms of a corporate integrity agreement with the Department of Health and Human Services-Office of Inspector General.

Following the announcement, CareAll released a statement Friday night:

"Today, CareAll Inc. has settled its pending litigation with the United States. The lawsuit involved issues that related to an arcane method of cost accounting that is no longer required by the federal government," according to the statement. "The accounting issues that were the subject of the litigation involved matters that are over 10 years old — at a time when CareAll did not even own the agencies involved. CareAll vehemently denies that CareAll, or Jim Carell, were involved in any wrongdoing whatsoever."

Roping in health care billing fraud has been top of mind for U.S. Attorney Jerry Martin of the Middle District of Tennessee. In June, Maury Regional Medical Center agreed to pay the federal government $3.6 million, also to settle charges under the False Claims Act.

"This settlement is yet another example of this office's commitment to enforcing the False Claims Act in health care cases and protecting the taxpayer's interests," Martin said of CareAll in the release.

Here are excerpts from the U.S. Attorney's Office news release:

> *According to the complaint the United States filed in this case, the cost reports should have disclosed that the management company was related to the home health agencies, which would have lowered the Medicare reimbursement for the management company's services. During the relevant years, the United States alleged that James W. Carell owned the management company, and his friend Robert Vining, an attorney who lived in Missouri, served as the nominee or "sham" owner of the home health agencies.*
>
> *The United States further alleged in Court filings that the management company exerted significant control over the home health agencies in a myriad of ways, including James. W. Carell's key role in facilitating Robert Vining's purchase of the home health agencies; loans worth millions of dollars from companies owned by James W. Carell to the home health agencies; cash transfers for millions of dollars from the management company to the home health agencies; the management company's day to day control over the home health agencies' operations; and Robert Vining's role as a mere figurehead owner.*
>
> *The United States also alleged in court filings that James W. Carell profited greatly from this sham owner relationship and that he monetarily rewarded Robert Vining for his participation in this scheme.*
>
> Annie Johnson covers health care and legal affairs. You can follow her on Twitter at @AnnieNBJ.

HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING
FEBRUARY 26, 2014
APPLICATION SUMMARY

NAME OF PROJECT:	Professional Home Care Services, LLC d/b/a CareAll Homecare Services
PROJECT NUMBER:	CN1312-049
ADDRESS:	1151 Tammbell Street Brownsville (Haywood County), Tennessee 38012
LEGAL OWNER:	CareAll, LLC 329 Welch Road Nashville (Davidson County), Tennessee 37211
OPERATING ENTITY:	CareAll Management, LLC 326 Welch Road Nashville (Davidson County), Tennessee 37211
CONTACT PERSON:	Mary Ellen Foley Project Director CareAll Management, LLC 326 Welch Road Nashville (Davidson Co.), Tennessee 37211 (731) 514-1618
DATE FILED:	December 13, 2013
PROJECT COST:	$59,300.00
FINANCING:	Cash Reserves
PURPOSE FOR FILING:	Relocation of the parent office of a home health agency from Tipton County to Haywood County

DESCRIPTION:

Professional Home Care Services, LLC d/b/a CareAll Homecare Services (CareAll) is seeking ***consent calendar approval*** for the relocation of its parent office from 901 Highway 51 South, Covington (Tipton County), TN to 1151

Tammbell Street, Brownsville (Haywood County), TN. If approved, CareAll will close the Covington office. CareAll is licensed to serve the following nineteen (19) counties: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley.

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT OF HEALTH CARE INSTITUTIONS

2. For relocation or replacement of an existing licensed health care institution:

   a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

      The applicant stated that the relocation of the parent office will bring it to a location that has a larger percentage of the agency's patient census and will result in the closure of the current parent office resulting in an annual cost savings of $245,544.

      It appears that the application meets this criterion.

   b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

      Even though the applicant is projecting a decline in patient visits between 2012 and 2016, the applicant does project serving 1,431 patients and providing 42,226 visits in 2016, projecting net operating income of $1,230,845.

      It appears that the application meets this criterion.

Staff Summary

The following information is a summary of the original application and all supplemental responses. Any staff comments or notes, if applicable, will be in bold italics.

Note to Agency members: CareAll is a full service home health agency providing intermittent home health services including skilled nursing, home health aide services, physical therapy, occupational therapy, speech therapy, and medical social services. This agency also provides private duty nursing services.

CareAll cites several advantages to relocating its home health agency's parent office from Covington (Tipton County) to Brownsville (Haywood County) to include:

- Centrally locate the principle office to the branch offices for better availability to the administrative staff. The new principle office in Brownsville and the Ripley branch location will provide the clinical support previously served by the Covington office. The Brownsville office is currently a branch office so that there are no construction or new lease costs associated with moving the principle office to Brownsville.
- Relocate the principle office to a location that will be closer to a larger percentage of the agency's patient census to streamline operations. The Brownsville location currently serves 124 patients, while the Covington location serves 19 patients.
- The applicant has been experiencing decreasing payments from Medicare and TennCare. If the proposed project is approved, the Covington office will be closed resulting in an annual savings of $245,544. This savings will offset some of the declines in reimbursement. The applicant broke down the costs savings to $15,330 in plant operations by eliminating the physical location in Covington, $77,050 by eliminating two positions, and $168,494 in administrative costs to include management services, worker's compensation, insurance fees, and phone services and other miscellaneous costs.

One disadvantage in moving the principle office from Covington to Brownsville is the Medicare reimbursement will be reduced as the current location earns an urban rate while the proposed location earns a lower rural rate.

Note to Agency members: The following charts will display the current location of principle and branch offices and the approximate distances between the two and a chart for the proposed offices.

Current Principle and Branch Offices

Parent Office	*Branch Office*	*Approximate Distance*
Covington (Tipton)	*Brownsville (Haywood)*	*22 Miles*
Covington (Tipton)	*Ripley (Lauderdale)*	*16 Miles*
Covington (Tipton)	*Alamo(Crockett)*	*43 Miles*
Covington (Tipton)	*Henderson (Chester)*	*71 Miles*
Covington (Tipton)	*Jackson (Madison)*	*54 Miles*

Proposed Principle and Branch Offices

Parent Office	*Branch Office*	*Approximate Distance*	**Counties Served*
Brownsville (Haywood)	*Ripley (Lauderdale)*	*21 Miles*	*Lauderdale, Tipton, Dyer*
Brownsville (Haywood)	*Alamo(Crockett)*	*20 Miles*	*Crockett, Madison, Gibson, Haywood*
Brownsville (Haywood)	*Henderson (Chester)*	*48 Miles*	*Fayette, Hardeman, McNairy, Chester, Henderson, Hardin, Decatur*
Brownsville (Haywood)	*Jackson (Madison) [Private Duty/CHOICES]*	*31 Miles*	*Fayette, Hardeman, McNairy, Hardin, Decatur, Henderson, Chester, Madison*
Brownsville (Haywood)	*NA*	*NA*	*Haywood, Hardeman, Madison, Fayette, Tipton*
Brownsville (Haywood) [Private Duty/CHOICES]	*NA*	*NA*	*Haywood, Tipton, Lauderdale, Crockett, Dyer, Gibson*

**Counties currently without patients: Carroll, Benton, Henry, Weakley, Obion*

An overview of the project is provided on page 7 of the original application.

The applicant projects the initiation of service on March 1, 2014.

Ownership
Professional Home Health Care, LLC d/b/a CareAll Homecare Services is 100% owned by CareAll, LLC. CareAll, LLC is 98% owned by CareAll, Inc. and 2% owned by the estate of James W. Carell. CareAll, LLC has 100% ownership of four other home health agencies: University Home Health, Martin (Weakley County), VIP Home Nursing & Rehabilitation Service, Nashville (Davidson County), JW Carell Enterprises, LLC Knoxville (Knox County), and JW Carell Enterprises, LLC McMinnville (Warren County).

Service Area Demographics

- The total population of the nineteen (19) county service area is estimated at 637,205 residents in calendar year (CY) 2014 increasing by approximately 2.0% to 649,765 residents in CY 2018.
- The overall statewide population is projected to grow by 3.7% from 2014 to 2018.
- The 65 and older population will increase from 16.7% of the general population in 2014 to 17.7% in 2018. The statewide 65 and older population will increase from 14.9% in 2014 of the general population to 16.1% in 2018.
- The latest 2013 percentage of the service area population enrolled in the TennCare program is approximately 21.4%, as compared to the statewide enrollment proportion of 18.4%.

Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

Service Area Historical Utilization
The trend of home health patients served in the 19-county service area is presented in the table below:

Service Area Home Health Utilization Trends

	2010 Home Health Patients	2011 Home Health Patients	2012 Home Health Patients	2010-2012 Percent Changed
19-County Service Area.	20,531	20,931	21,139	+3.0%

Source: 2010-2012 Home Health Joint Annual Report and DOH Licensure Applicable Listings

- The chart above demonstrates there has been a 3.0% increase in home health patients served in the 19-County service area between 2010 and 2012.
- There are 50 agencies that serve at least one of the service area counties.
- There are six agencies that serve all nineteen counties.

Applicant Historical and Projected Utilization (Patients Served)

	2010 Patients Served	2011 Patients Served	2012 Patients Served	2013 Patients Served	2015 (Year 1) Projected Patients Served	2016 (Year 2) Projected Patients Served	'10-'16 % Change
19-County Service Area	1,424	1,491	1,361	1,560	1,360	1,431	+0.5%

- The chart above indicates that the applicant has experienced some annual increases accompanied in other years by some annual decreases and is projecting volume swings as well. The result is minimal patient volume growth between 2010 and 2016.

Applicant Historical and Projected Utilization (Visits)

	2010 Patients Visits	2011 Patients Visits	2012 Patients Visits	2013 Patients Visits	2015 Patients Visits	2016 Patients Visits	'10-'16 % Change
19-County Service Area	85,421	81,120	63,633	52,400	41,938	42,226	-50.6%

- Even though patients served aren't expected to change between 2010 and 2016, patient visits are expected to decline approximately 50% during the same timeframe.
- When asked to explain the decline in patient visits the applicant stated in the first supplemental response that the significant decrease has occurred as part of an overall restructure of operations. Expectations once the restructure is complete are to strategically progress toward expanding services in both home health and private duty operations.

Note to Agency members: The applicant has stated upon HSDA staff inquiry that the decline in visits was not a direct result of the $9.375 million federal settlement referenced in Ms. Hill's consent calendar justification memo.

Note to Agency members: The applicant also provides private duty nursing services which are typically reported in hours. The applicant reported in the Joint Annual Report (JAR) providing 42,019 hours of care in 2010, 55,874 hours in 2011, 208,611 hours in 2012, and based on provisional data provided 158,482 hours of care in 2013, a 277% increase from 2010.

Project Cost
The estimated total project cost is $59,300.
Major cost(s) are:

- Facility Lease- $46,800 or 78.9% of total cost

For details of the Project Cost Chart, see page 17 of the original application

Financing
A December 11, 2013 letter from Michael Carell, President, CareAll, attests that the applicant has sufficient cash reserves to fund this project.

CareAll's unaudited financial statements for the period ending October 31, 2013 indicates $1,566,389 in cash, total current assets of $3,756,127, total current liabilities of $7,333,710 and a current ratio of 0.51:1.

Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.

Historical Data Chart

- According to the Historical Data Chart CareAll experienced profitable net operating results for the three most recent years reported: $5,502,185 for 2010; $3,880,827 for 2011; and $126,359 for 2012.
- Average Annual Net Operating Income (NOI) was favorable at approximately 27.4%, 20.9%, and 0.8% of annual net operating revenue for the Years 2010, 2011, and 2012, respectively.

Note to Agency members: The applicant has stated upon HSDA staff inquiry that the decline in net operating income was not a direct result of the $9.375 million federal settlement referenced in Ms. Hill's consent calendar justification memo.

Projected Data Chart

The Projected Data Chart for CareAll reflects $11,188,573.00 in total net revenue on 41,398 patient visits during the first year of operation and $11,412,345 on 42,226 patient visits in Year Two. The applicant notes in the first supplemental response that CareAll bills at net rates so that there are no gross revenue or deductions from revenue to report. The Projected Data Chart reflects the following:

- Net operating income less capital expenditures for the applicant will equal $1,130,918 in Year One increasing to $1,230,845 in Year Two.

Charges

In Year One of the proposed project, the average charge per case is as follows:

- The proposed average net charge is $162.00/patient visit. The applicant notes that CareAll bills at net rates. Net operating revenue assumes a historical mix of 60% intermittent home health and 40% private duty. The calculation of projected average net charge per visit is total net operating revenue at 60% divided by projected visits, or $162 per visit.

Note to Agency members: Private duty is typically paid on an hourly basis and a visit constitutes multiple hours. Including the private duty revenue in the charge per visit calculation would skew the charge per visit data higher.

Medicare/TennCare Payor Mix

- TennCare-In 2012 the applicant received $5,355,102 from TennCare/Medicaid or 33.5% of total revenue

- Medicare-In 2012 the applicant received $8,940,611 in revenue from Medicare or 56.0% of total revenue.
- The applicant anticipates that the Medicare and TennCare/Medicaid revenue percentages will not change after project completion.
- The applicant has contractual relationships with TennCare MCOs BlueCare and TennCare Select but currently has no contract with United Healthcare.

Staffing
The applicant's current and proposed staffing is as follows:

Position	Current FTEs	Proposed FTEs
Administrator	1.0	1.0
Director of patient Services	6.0	5.0
Office Coordinators	11.0	10.0
LPN Patient Care Coords.	6.0	6.0
Field RN	6.0	6.0
Field LPN	4.0	4.0
LPTA	6.0	6.0
Field PT	2.0	2.0
Field Home Health Aide	3.0	3.0
Field Speech Therapy	0.5	0.5
Field Medical Social Services	1.0	1.0
Field Occupational Therapy	0.5	0.5
TOTAL	47.0	45.0

Licensure/Accreditation
Professional Home Health Care, LLC d/b/a CareAll Homecare Services is licensed by the Tennessee Department of Health, Division of Health Care Facilities. A letter dated May 22, 2012 from the Tennessee Department of Health, West Tennessee Health Care Facilities, states CareAll's plan of correction was accepted and was assuming the facility was in compliance with all participation requirements.

CareAll has Medicare and Medicaid certification

CareAll has no accreditation.

Corporate documentation, real estate lease, and agency policies/procedures are on file at the Agency office and will be available at the Agency meeting.

Should the Agency vote to approve this project, the CON would expire in **two** years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT

There are no other Letters of Intent, denied or pending applications, or outstanding Certificates of Need for this applicant.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no Letters of Intent, denied applications or outstanding certificates of need for other health care organizations in the service area proposing this type of service.

Pending Applications:

Love Ones, CN1309-033, has a pending application scheduled to be heard at the February 26, 2014 Agency meeting. The application is for the establishment of a home care organization and the initiation of home health services in Shelby, Fayette, and Tipton Counties. The estimated project cost is **$177,800**.

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

MAF
2/13/2014

LETTER OF INTENT

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th
Floor 502 Deaderick Street
Nashville, TN 37243
www.tn.govihsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the Jackson Sun (Name of Newspaper) which is a newspaper of general circulation in Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley ~~(County)~~ Tennessee, on or before December 10, ~~(Month/day)~~ , 2013 ~~(Year)~~, for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that: Professional Home Health Care, LLC D/B/A CareAll Homecare (Name of Applicant) Home Health Agency (Facility Type-Existing)

owned by: CareAll, LLC with an ownership type of a Limited Liability Company and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]: Relocation of the home health agency parent(or principle) office from 901 Highway 51 South, Covington, Tipton county, Tennessee to the current location of its Brownsville branch office at 1151 Tammbell Street, Brownsville, Haywood county, Tennessee. Professional Home Health Care, LLC is licensed to serve Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley. Existing home care services will not be affected, and no service will be initiated or discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. Anticipated project cost is $ 59,300.

The anticipated date of filing the application is: December 13, 2013

The contact person for this project is Mary Ellen Foley (Contact Name) Project Director (Title) ~~who may be reached at:~~

CareAll Management, LLC (Company Name) 326 Welch Road (Address)

(City) Nashville (State) Tennessee (Zip Code) 37211 615-331-6137 (Area Code / Phone Number)

Mary Ellen Foley (Signature) 12-09-2013 (Date)

mfoley@careallinc.com (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

ORIGINAL APPLICATION

Certificate of Need Application

Professional Home Health Care, LLC D/B/A

CareAll Homecare Services

December 13, 2013

1. ***Name of Facility, Agency, or institution***

Professional Home Health Care, LLC D/B/A
CareAll Homecare Services

Name 1151 Tammbell Street Haywood

Street or Route Brownsville TN 38012 County

City State Zip Code

2. ***Contact Person Available for Responses to Questions***

Mary Ellen Foley Project Director

Name Title

Company Name CareAll Management, LLC Email address
mfoley@careallinc.com

Street or Route 326 Welch road City Nashville State TN Zip Code
37211

Association with Owner-employee Phone Number-731-514-1618 Fax Number-731-587-3228

3. ***Owner of the Facility, Agency or Institution***

CareAll, LLC 615-331-6137

Name Phone Number

Street or Route 329 Welch Road County Davidson

City Nashville State TN Zip Code 37211

4. ***Type of Ownership of Control (Check One)***

A. Sole Proprietorship
B. Partnership
C. Limited Partnership
D. Corporation (For Profit)
E. Corporation (Not-for-Profit)
F. Government (State of TN or Political Subdivision)
G. Joint Venture
H.
I. Limited Liability Company X
(Specify) Other

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

5. ***Name of Management/Operating Entity (If Applicable)***

CareAll Management, LLC

Name

Street or Route 326 Welch Road County Davidson

City Nashville State Tennessee Zip Code 37211

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. ***Legal Interest in the Site of the Institution (Check One)***

A.	Ownership	D.	Option to Lease
B.	Option to Purchase	E.	Other (Specify)
C.	Lease of 3 Years x		

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

7. ***Type of Institution (Check as appropriate--more than one response may apply)***

A.	Hospital (Specify)	I.	Nursing Home
B.	Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty	J.	Outpatient Diagnostic Center
		K.	Recuperation Center
C.	ASTC, Single Specialty	L.	Rehabilitation Facility
D.	Home Health Agency x	M.	Residential Hospice
E.	Hospice	N.	Non-Residential Methadone Facility
F.	Mental Health Hospital		
G.	Mental Health Residential Treatment Facility	0.	Birthing Center
		P.	Other Outpatient Facility (Specify)
H.	Mental Retardation Institutional Habilitation Facility (ICF/MR)	Q.	Other (Specify)

office

8. **Purpose of Review *(Check) as appropriate--more than one response may apply)***

A.	New Institution	G.	Change in Bed Complement *[Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation]*
B.	Replacement/Existing Facility		
C.	Modification/Existing Facility		
D.	Initiation of Health Care Service as defined in TCA § 68-11-1607(4) (Specify)	H.	Change of Location
		I.	Other (Specify) relocation of the principle office
E.	Discontinuance of OB Services		
F.	Acquisition of Equipment		

9. **Bed Complement Data**

Please indicate current and proposed distribution and certification of facility beds.

		TOTAL
A	Medical	
B	Surgical	
C	Long-Term Care Hospital	
D	Obstetrical	
E	ICU/CCU	
F	Neonatal	
G	Pediatric	
H	Adult Psychiatric	
I	Geriatric Psychiatric	
J	Child/Adolescent Psychiatric	
K	Rehabilitation	
L	Nursing Facility (non-Medicaid Certified)	
M	Nursing Facility Level 1 (Medicaid only)	
N.	Nursing Facility Level 2 (Medicare only)	
0.	Nursing Facility Level 2 (dually certified Medicaid/Medicare)	
P.	ICF/MR	
Q	Adult Chemical Dependency	
R	Child and Adolescent Chemical Dependency	
S	Swing Beds	
T.	Mental Health Residential Treatment	
U	Residential Hospice	
	TOTAL	

*CON-Beds approved but not yet in service

10. **Medicare Provider Number 44-7503**

Certification Type Home Health Agency _____

11. **Medicaid Provider Number 44-7503**

Certification Type Home Health Agency _____

12. **If this is a new facility, will certification be sought for Medicare and/or Medicaid? NA**

13. ***Identify all Tenn Care Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area.*** **Will this project involve the treatment of TennCare participants? yes If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted *or plans to contract.***

Section: Applicant profile, Item 3
Response: see attached corporate charter and certificate of corporate existence.

Section A: Applicant Profile, Item 4
Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% or more ownership interest.
Response: Professional Home Health Care, LLC D/B/A CareAll Homecare Services is 100% owned by CareAll, LLC. CareAll, LLC is 98% owned by CareAll, Inc. and 2% owned by the estate of James W. Carell. See attached chart of the ownership structure of CareAll, Inc.

In addition, please document the financial interest of the applicant, and applicant's parent/owner in any other health care institutions as defined in Tennessee code Annotated, 68-11-1602 in Tennessee. At a minimum please provide the name, address, current status of licensure/certification, and percentage of ownership of each health care institution identified.
Response: CareAll, LLC owns 100% of the following other health care institutions in Tennessee.
University Home Health, LLC-135 Kennedy Drive, Martin, TN, 38237-license #276.
VIP Home Nursing & Rehabilitation Service, LLC- 4015 Travis Drive, Suite 102, Nashville, TN 37211-license #295.
JW Carell Enterprises, LLC-Knoxville- 118 Mabry Hood Road, Suite 100, Knoxville, TN 37922-license #131.
JW Carell Enterprises, LLC-McMinnville- 200 Hobson Street, Suite 44, McMinnville, TN, 37110-License #265.

Section A: Applicant Profile, Item 5
For facilities with existing management agreements, attach a copy of the fully executed final contract.
Response: see attached management agreement.
Please describe the management entity's experience in providing management services for the type of facility, which is the same or similar to the applicant facility. Please describe the ownership structure of the management entity.
Response: CareAll Management has provided billing, financial and clinical over site services since 1986 for this agency. The structure of CareAll Management, LLC is held in 5 sub-trusts under the JWC Dynasty Trust as follows: Michael Carell Exempt Trust-20%, Eileen Carell Exempt Trust-20%, James M. Carell Exempt Trust-20%, Richard Carell Exempt Trust-20%, and Christine Carell Exempt Trust-20%.

Section A: Applicant Profile, item 6
Attach a copy of the fully executed lease agreement for the project location.
Response: See attached lease agreement.

Section A: Applicant Profile, Item 13
Please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.

BlueCare
TennCare Select

Section B, Project Description, Item 1

Provide a brief executive summary of the project including a brief description of propose services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

Response:

The project consists of relocation of the principle office of Professional Home Health Care, LLC D/B/A CareAll Homecare Services from the current location of 901 Highway 51 South, Covington, Tipton County, Tennessee, 38019 to 1151 Tammbell Street, Haywood County, Brownsville, TN 38012. The purpose of this project is: 1. to situate the principle office in a centralized location to the other branch offices within the agency. See attached map of area and the proximity to the branch offices.

2. To relocate the principle office to a location that has a larger percentage of the agency's patient census. The Covington office currently has a patient census of 19. The Brownsville location has the largest census of any of the offices and is currently at 124. Total agency census is 450. 3. To have the ability to reduce cost by closing the Covington location and incorporating the current service area of the Covington location with the service area of the Ripley and Brownsville locations. This cost reduction will be projected at $245,544 annually. The ownership structure will not change. The current service area will not change. The project will eliminate 2 staff member positions including the Director of Patient Services and the office Coordinator in the Covington location with an annual cost savings of $61,720.00 included in the total cost reduction of $245,544. The current field staff will continue to service the patients in their assigned areas. The project cost will involve the filing fee of $3,000, the cost of preparing the letter of intent and application of$2,500, the cost of moving the contents of the Covington location and other miscellaneous and organizational cost of $7,000, and the cost of the lease of the new principle office of Brownsville which is $46,800. The total cost of the project is $59,300. The funding will be provided by existing cash reserves.

Section B, Project Description, Item 2

Provide a detailed narrative of the project by addressing the following items as they relate to the proposals.

A. *Describe the development of the proposal.*

Response:

The Covington office will be closed. The staff positions in that office of Director of Patient Services and Office Coordinator will be eliminated with a savings annually of $61,720. The new principle location in Brownsville and the Ripley branch location will provide the clinical support to the territory previously served by the Covington office. The clinical field staff will be transferred to either the Brownsville office or the Ripley office depending on the service area that the staff members cover. The reimbursement will decrease by the relocation of the parent office. Tipton County which is the current location of the principle office has a CBSA urban rate with a wage index of 0.9275. The proposed new location in Brownsville, TN is a rural CBSA with a wage index of 0.7734.

B. *Describe the need for change and if it will have an impact on existing services.*

Response:

The proposed new principle location, which is currently operating as the agency's existing branch office site contains 2300 square feet. No new construction is required for the relocation of the agency's principle office to the Brownsville office, as the principle office will occupy the current space. This change will have little or no impact on existing services.

C. *As the applicant, describe your need to provide the following health care services.*

Response:

The agency will provide home health services with no change in service area or type of services provided by changing the location of the principle office.

D. *Describe the need to change location or replace an existing facility.*

Response:

The agency's rational for relocating the principle office from Covington to Brownsville is: 1. to centrally locate the principle office to the branch offices for better availability to the administrative staff. 2. to relocate the principle office to an office with a larger percentage of the agency's patient census to streamline the operations. 3. Medicare episodic payments for home health have decreased 10% to 14% over the last two years and TennCare payments for private duty and home health have decreased by approximately 6% in the same time period. CMS projects that the Medicare payments to home health agencies in calendar year 2014 will be reduced by an additional 1.5% (see attached reference from the CMS website). The closing of the Covington office which has a small percentage of the agency census and placing the principle location in Brownsville which has a larger percentage of the agency census will result in an annual savings of $245,544. This savings will thereby offset some of the declines in reimbursement.

E. *Describe the acquisition of any item of major medical equipment which exceeds a cost of $1.5 million.*

Response:

There will be no acquisition of any items of major medical equipment with this proposal.

Section B, Project Description, Item 3

A. *Attach a copy of the site on a 8 1/2" x 11" sheet of white paper which must include:* (see attached).
   1. *Size of site (in acres).* ***Response:*** One acre.
   2. *Location of the structure on the site:* ***Response:*** The area of the building and parking lot is one acre. The Brownsville office leases a suite of 2300 square feet within the building that has a total of 7500 square feet of space.
   3. *Location of proposed construction.* ***Response:*** No proposed construction.
   4. *Names of streets, roads or highways that cross or border the site.* ***Response:*** (See plot of the site attached).

B. 1. *Describe the relationship of the site to public transportation routes, if any, and to any highway of major road developments in the area. Describe the accessibility of the proposed site to patient/clients.* ***Response:*** The Brownsville office is situated in close proximity to Interstate 40 for the east and west routes and Highway 51 for the north and south routes. These highways give the staff excellent access to the agency's patient/clients as well as the other branch locations from the principle office (see attached google map of the area).

Section B, Project Description, Item 4
Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms, ancillary area, equipment areas, etc. on an 8 ½" x 11" sheet of white paper.
Response: See attached floor plan drawing.

Section B, Project Description, Item 5

For Home health Agency or Hospice, identify:

1. *Existing service area by county.* ***Response:*** The existing service area of Professional Home Health Care, LLC D/B/A CareAll Homecare Services consists of Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley.
2. *The proposed service area.* ***Response:*** The existing service area will not change with the relocation of the principle office from Covington to Brownsville.
3. *A parent or primary service provided.* ***Response:*** The proposal is to relocate the primary location from Covington to Brownsville.
4. *Existing branches:* ***Response:*** Ripley, Alamo, Jackson, and Henderson will remain.
5. *Proposed branches:* ***Response:*** We propose to close the Covington location and make the Brownsville office the principle location.

Section C: General Criteria for Certificate of Need

Item 1, Need

1. *Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for growth.*

Response:

The agency seeks to relocate its principle office from Covington to Brownsville. Because the relocation does not involve the initiation or cessation of any health care services, the acquisition of any equipment or the construction of a new facility, not all five principles for achieving better health directly apply to the project.

1. ***Health Lives:*** The purpose of the State Health Plan is to improve the health of Tennesseans. Professional Home Health Care, LLC has been providing high quality, comprehensive home health services to the residents of West Tennessee for over 25 years. The agency treats each patient through a variety of disciplines, including skilled nursing, home health aide services, occupational, speech and physical therapy, medical social services, private duty nurses and aide services, and attendant and companion services with respect and dignity. The Agency cooperates with hospitals, nursing homes, and other health care facilities in an attempt to maximize the quality of life of its patients.
2. ***Access to Care:*** Every citizen should have reasonable access to health care. The Agency serves Medicare, TennCare, and private pay patients. The Agency's patients include the demographic spectrum. The Agency denies access to no one.
3. ***Economic Efficiencies:*** The State's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the State's health plan. The relocation of the Agency's principle office from Covington to Brownsville will result in an annual savings of $245, 544. That savings, even in the face of declining reimbursement rates from Medicare and TennCare, will assist the Agency in achieving economic efficiencies and to continue to deliver high quality health services.
4. ***Quality of Care:*** Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers. The Agency has a long history of providing high quality care to its patients. The relocation of the principle office from Covington to Brownsville will place the administration in a centralized location to the service area resulting in a more efficient monitoring of staff and patient care.
5. ***Health Care Workforce:*** *The State should support the development, recruitment, and retention of a sufficient and quality healthcare work force. The Agency currently has 172 FTE's. All of the Agency's employees have been trained in the delivery of high quality health care and are licensed as appropriate. The Agency provides all staff with ongoing comprehensive continuing education programs as well as assistance in completion of formal education. Further, the Agency periodically assists through preceptor programs in training nurses and therapy students in home care delivery.*

Section C, Need, Item 1 a.

Please provide a response to each criterion and standard in certificate of need categories that are applicable to the proposed project.

Response:

We have used page 41 of 54 which outlines the criteria specific to Home Health Services. Criteria #1 and #2 which address need is not applicable to this project due to no services will be deleted or added to the Agency's certified area.

Criteria #3: *Using recognized population sources, projections for four years will be used:* ***Response:*** see attached Tennessee resident Population Home health Patient totals and the ratio from years 2010 and 2011.

Criteria #4: The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area. ***Response:*** See attached historical JAR data from the existing home health agencies in the services area which is covered by Professional Home Health Care, LLC D/B/A CareAll Homecare Services. See attached JAR report information. Based on the historical information provided comparing other home health agencies in the service area the projected totals for Professional Home Health Care, LLC D/B/A CareAll Homecare Services patients served in 2015 would be 1435 and in 2016-1522.

Criteria #5: ***Response:*** NA

Criteria #6:

a. *The average cost per visit by service category shall be listed.*
   Response:
   SN $69.00
   PT $95.00
   MSS $82.00
   Aide $26.00
   OT $95.00
   ST $95.00

b. *The average cost per patient based upon the projected number of visit per patient shall be listed.*
   Response: The average cost per visit is calculated at $110.60 using the current JAR report calculation of total number of visits made divided by the total number of patients served and that number divided by the average cost per visit.

Item 1, b: ***Response:*** NA

Section C, Need, Item 2
Describe the relationship of this project to the applicant facility's long-range development plans, if any.
Response:
The Agency anticipates the continuation of the current trend of decreasing reimbursement rates for its services from both Medicare and TennCare. Accordingly, the Agency's financial success depends upon its achieving cost savings where it can do so without compromising patient care. Relocating the principle office from Covington to Brownsville achieves not only better administrative over site but some of those cost savings and will have no negative impact on patient care.

Section C, Need, Item 3
Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area.
Response:
Please see attached map of the current certified service area of Professional Home Health Care, LLC D/B/A CareAll Homecare services. This service area will not change with this proposed project.

Section C, Need, Item 4

A. *Describe the demographics of the population to be served by this proposal.*
Response:
The primary demographic area to be served is largely rural and the primary population is over 75 with Medicare benefits. The next largest patient population is 18-64 years of age which includes a large portion of individuals with TennCare benefits. Many from this younger patient population require private duty and long-term care services.

B. *Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.*
Response:
Much of the Agency's service area is rural and economically depressed. A large percentage of the individuals residing in the service area are eligible for TennCare and/or Medicare. The agency provides private duty services under TennCare which also includes the Choices program. Through these programs for which the Agency participates, they are able to serve those areas of the population with special needs including health disparities, elderly, women, children, racial and ethnic minorities, and low-income groups. The Agency has provided care to these patient populations throughout its existence and will continue to do so.

Section C, Need, Item 5
Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.
Response:
Please see attached list of other home health agencies by base county providing services in the 19 county service areas. Included in the list are total patients and total patient visits for each agency for

the current and last three reporting years. No agency is based in the following 6 counties of the Agency's service area: Chester, Crockett, Hardeman, Haywood, Lauderdale, and McNairy.

Section C, Need, Item 6

Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

Response:

Please see attached utilization chart for Professional Home Health, LLC D/B/A CareAll Homecare services. The projection methodology was provide through a comparison of current trends in patient census and visit counts and as they compare to previous years.

Section C, Economic Feasibility

Project Cost Chart

Economic Feasibility Item #1

DEC 13 '13 AM 10:02

PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:	
1.	Architectural and Engineering Fees	0
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	$2,500
3.	Acquisition of Site	0
4.	Preparation of Site	0
5.	Construction Costs	0
6.	Contingency Fund	0
7.	Fixed Equipment (Not included in Construction Contract)	0
8.	Moveable Equipment (List all equipment over $50,000)	0
9.	Other (Specify) moving cost, miscellaneous organizational cost	$7,000
B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	$46,800
2.	Building only	0
3.	Land only	0
4.	Equipment (Specify) _____	0
5.	Other (Specify) _____	0
C.	Financing Costs and Fees:	
1.	Interim Financing	0
2.	Underwriting Costs	0
3.	Reserve for One Year's Debt Service	0
4.	Other (Specify) _____	0
D.	Estimated Project Cost (A+B+C)	$56,300
E.	CON Filing Fee	$3,000
F.	Total Estimated Project Cost (D+E) TOTAL	$59,300

(17)

Section C: Economic Feasibility
Item 2:
Identify the funding sources for this project.
Response: E. Cash reserves- see attached documentation from Chief Financial Officer.

Item 3:
Discuss and document the reasonableness of the proposed project cost. If applicable, compare the cost per square foot of construction to similar projects recently approved by the health Services and Development Agency.
Response: This project involves no construction, real or personal property acquisition or initiation of new services. The Agency simply seeks to relocate its parent office from Covington, Tipton County, to Brownsville, Haywood County. Accordingly the administrative cost of $2500 and the moving cost of approximately $7,000 are reasonable and necessary to effectuate this project. These sums together with the filing fee of $3,000 and the three year lease agreement for the office location of $46,800 totals the cost of the project at $59,300. This project is similar to the CON that was granted to VIP Home Nursing and Rehabilitation Service, LLC with the move of the principle location from Lebanon, Wilson County, to Nashville, Davidson County on October 24, 2012.

Item 4:
Complete Historical and Projected Data Charts on the following two pages. Historical Data chart represents revenue and expense information for the last three (3) years for which complete data is available for the institution. Project Data Chart requests information for the two (2) years following the completion of this proposal. Project Data Chart should reflect revenue and expense projections for the PROPOSAL ONLY.
Response: See attached Historical Data Charts for 2010, 2011, 2012, and Projected Data Charts for 2014, and 2015.

Item 5:
Please identify the projects average gross charge, average deduction from operating revenue, and average net change.
Response: There should be no change in the average gross charge, average deduction from operating revenue, or average net change as a result of this proposed project of relocating the principle location from Covington, Tipton County, to Brownsville, Haywood County.

Item 6:

a. *Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.*
Response: SN-$126.00
PT-$150.00
MSS- $192.00
Aide-$ 86.00
OT- $150.00
ST- $150.00

There is no anticipated change in rates due to the proposed relocation of the principle location from Covington to Brownsville. This change will have no impact on revenue or on existing patient charges.

b. *Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Service and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).*
Response: See attached chart of home health agencies providing services in the same or adjoining area as Professional Home Health Care, LLC and their charges as reported on the current JAR.

Item 7:
Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.
Response: The projected utilization rates should show no change by relocating the principle office from Covington, Tipton County, to Brownsville, Haywood County. The cost-effectiveness should be enhanced as a result of this proposed project of the relocation of the principle office to Brownsville and closing of the Covington location.

Item 8:
Discuss how financial viability will be ensured within two years: and demonstrate the availability of cash flow until financial viability is achieved.
Response: Given the limited scope of the project, the Agency's current financial viability will not be affected by this project. Not including the value of the three year lease, which is $46,800, the total project cost are $12,500, payable from cash reserves. Cash flow will not be affected. See letter from Chief Financial Officer, regarding cash reserves, attached as Attachment C-Economic Feasibility -Item 2.

Item 9:
Discuss the projects participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare or other state and federal sources for the proposal's first year of operation.
Response: The Agency is Medicare certified and participates in the TennCare program. The agency contracts with BlueCare/TennCare Select for services. In 2010, 58% of the Agency's revenues, or $11,714,458, was from the Medicare program, and 36.38% or $7,302,126 were from the TennCare/Medicaid program. In 2011, 57.32% of the Agency's revenues, or $10,768,956 was from the Medicare program, and 34.77%, or $6,532,390, were from the Tenncare/Medicaid program. In 2012, 55.98%, or $8,940,611 were from the Medicare program and 33.53%, or $45,355,102 from the TennCare/Medicaid program. We anticipate that these percentages will not change within the year following approval of the project as a result of moving the principle location from Covington to Brownsville.

Item 10:
Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved

with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility –Item 10.
Response: Balance sheet and other financial statements as of October 30, 2013 are attached as Attachment C-Economic Feasibility- Item 10.

Item 11:
Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

a. *A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.*
Response: The alternative to moving the Agency's principle location from Covington, Tipton County, to Brownsville, Haywood County, would be to leave the principle office in Covington. This alternative would not provide the necessary cost reduction of $245,544 provided by closing the Covington office. This alternative would also not provide the Agency with a more centralized location to the branch offices which would provide the Agency with better access to Administrative staff and assist in streamlining efficiency in the Agency operations.

b. *The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.*
Response: There is no new construction involved in this project. This project is considered superior to the alternative and is a modernization and sharing arrangement. This project will provide the opportunity to close the Covington location which has a very small percentage of the Agency's census, is not centrally located to the Agency's other branch offices and can provide a cost savings to the Agency of approximately $245,544 annually. This cost saving is necessary in lieu of the continued Medicare as well as TennCare payment reductions previously discussed.

Section C: Contribution to the Orderly Development of Health Care

1. *List all existing health care providers (e.g. hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/ or working relationships, e.g., transfer agreements, contractual agreements for health services.*
   Response: Professional Home Health Care, LLC currently has a contractual relationship with Blue Care/TennCare Select to provide TennCare serves in West Tennessee. The Agency has attempted to contract with United Healthcare (Amerigroup) in the past. The Agency will attempt to establish contractual relationships will all three Tennessee MCO's when the contract awards are announced for 2015.

2. *Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service are of the project.*
   Response: The project proposal of moving the principle office of Professional Home Health Care, LLC from Covington, Tipton county , to Brownsville, Haywood county should have no negative effect on the health care system in the area. There will be no additions, duplication or competition arising from this project. This project involves no additional services to the existing service area. Haywood County currently has no other principle home health location which could be considered duplication. The utilization rates of existing providers in the service area should not be affected due to this project due to the fact that this project proposes no change to the service area or change in services provided by this Agency.

3. *Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee department of Labor & Workforce Development and/ or other documented sources.*
   Response: See attached schedule of staff FTE's for each staff position, current and proposed. The net change proposed for FTEs and the average agency annual wage for each position as compared to the state annual wage for each professional position and overall annual wage for the service area.

4. *Discuss the availability of and the accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of health, the department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.*
   Response: Adequate professional and support staff will continue to be available and accessible to provide the services needed to the agency. The field staff availability will not change and will have better accessibility to the administrative staff with the relocation of the principle office from Covington, Tipton County to Brownsville, Haywood County. The elimination of two staff members with the result of closing the Covington location will reduce operating cost and streamline operations for better delivery of service to the certified area. The staff is currently and will remain with this project proposal in accordance with the standards of the Department of Health for Home Health Agencies.

5. *Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review policies and programs, record keeping, and staff education.*
Response: See attached agency policies addressing each of the requested licensing certification requirements.

6. *Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).*
Response: See attached Agency policies on the Student Preceptor Program. The Agency has no current contracts with facilities at this time but has accepted students in the past from Jackson State Community College and Dyersburg State Community College for preceptoring of RN and LPTA students for home health rotations.

7. *a. Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.*
Response: Please see attached policy from the Agency's Policy and Procedure Manual on Regulatory Requirements.

b. Please provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.
Licensure: ***Response:*** State of Tennessee, Department of Health, Board of Licensing Health Care Facilities.
Certification: ***Response:*** Professional Home Health Care, LLC has Medicare and Medicaid certification.
Accreditation: ***Response:*** Professional Home Health Care, LLC has no accreditation.

c. If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.
Response: See attached copy of the current facility license. Also see attached the current revalidation certification from Medicare and Medicaid.

d. For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.
Response: Please see the attached copy of the most recent licensure/certification inspection with the approved plan of correction.

8. *Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.*
Response: No final orders or judgments entered against professional licenses held by the applicant or any entity or persons with more than 5% ownership interest in this applicant.

9. *Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project.*
   Response: No final civil or criminal judgments for fraud or theft against any person or entity with more than 5% ownership interest in this project.

10. *If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and or other data as required.*
    Response: The agency will provide the JAR data annually which will include the number of patients treated, and the number and type of visits performed. The Agency will provide any requested data from the Tennessee Health Services and Development Agency.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
2. If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph,* please state below any request for an extended schedule and document the "good cause" for such an extension.

45

County: Madison
Printed In: Jackson Sun, The
Printed On: 2013/12/09

0101703740 NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that: Professional Home Health Care, LLC D/B/a CareAll Homecare Home Health Agency owned by: CareAll, LLC with an ownership type of a Limited Liability Company and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for: The relocation of its principle office from 901 Highway 51 South, Covington, Tipton County, Tennessee to the current location of its Brownsville branch office, 1151 Tammbell Street, Brownsville, Haywood County, Tennessee. Professional Home Health Care, LLC is licensed to serve Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley counties. Existing home care services will not be effected, and no service will be initiated or discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. Anticipated cost $59,300. The anticipated date of filing the application is: December 13, 2013. The contact person for the project is Mary Ellen Foley, Project Director who may be reached at: CareAll Management, LLC, 326 Welch Road, Nashville, Tennessee, 37211. 615-331-6137. Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243 The published Letter of Intent must contain the following statement pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Public Notice ID: 20856198

(a5)

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c): February 26, 2014

Assuming the CON approval becomes the final agency action on that date; indicate the number of days **from the above agency decision date** to each phase of the completion forecast.

Phase	DAYS REQUIRED	Anticipated Date (MONTH/YEAR)
1. Architectural and engineering contract signed	NA	NA
2. Construction documents approved by the Tennessee Department of Health	NA	NA
3. Construction contract signed	NA	NA
4. Building permit secured	NA	NA
5. Site preparation completed	NA	NA
6. Building construction commenced	NA	NA
7. Construction 40% complete	NA	NA
8. Construction 80% complete	NA	NA
9. Construction 100% complete (approved for occupancy	NA	NA Renewal
10. *Issuance of license	NA	01/22/2014
11. *Initiation of service	3	03/01/2014
12. Final Architectural Certification of Payment	NA	NA
13. Final Project Report Form (HF0055)		03/01/2014

* **For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: **If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.**

AFFIDAVIT

STATE OF Tennessee

COUNTY OF Weakley

Mary Ellen Foley, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Mary Ellen Foley
SIGNATURE/TITLE

Sworn to and subscribed before me this 12th day of December (Month) 2013 (Year) a Notary Public in and for the County/State of Tammy Marie Hazlewood

Tammy Marie Hazlewood
NOTARY PUBLIC

My commission expires May 24, 2017 (Month/Day) (Year)

TAMMY MARIE HAZLEWOOD
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WEAKLEY
My Commission Expires May 24, 2017

Attachment Section A: Applicant Profile, Item 4
Ownership structure of CareAll, Inc.

Section A, applicant Profile
Item 4

CareAll, Inc

Disclosure of Ownership

Master List

Name	Address	City	State	Zip	% of ownership
JWC Dynasty Trust	Equitable Trust Co 4400 Harding Rd Ste 310 Attn: Rick Travis	Nashville	TN	37205	71%
JWC Education Trust	Cumberland Trust 40 Burton Hills Blvd Ste 300 Attn: Jody Hines	Nashville	TN	37205	10%
JWC Evergreen Trust	Equitable Trust Co 4400 Harding Rd Ste 310 Attn: Rick Travis	Nashville	TN	37205	5%
Estate of James W. Carell	1066 Vaughn Crest Rd.	Franklin	TN	37069	13%
James M. Carell	741 Ligon Rd	Lebanon	TN	37090	1%

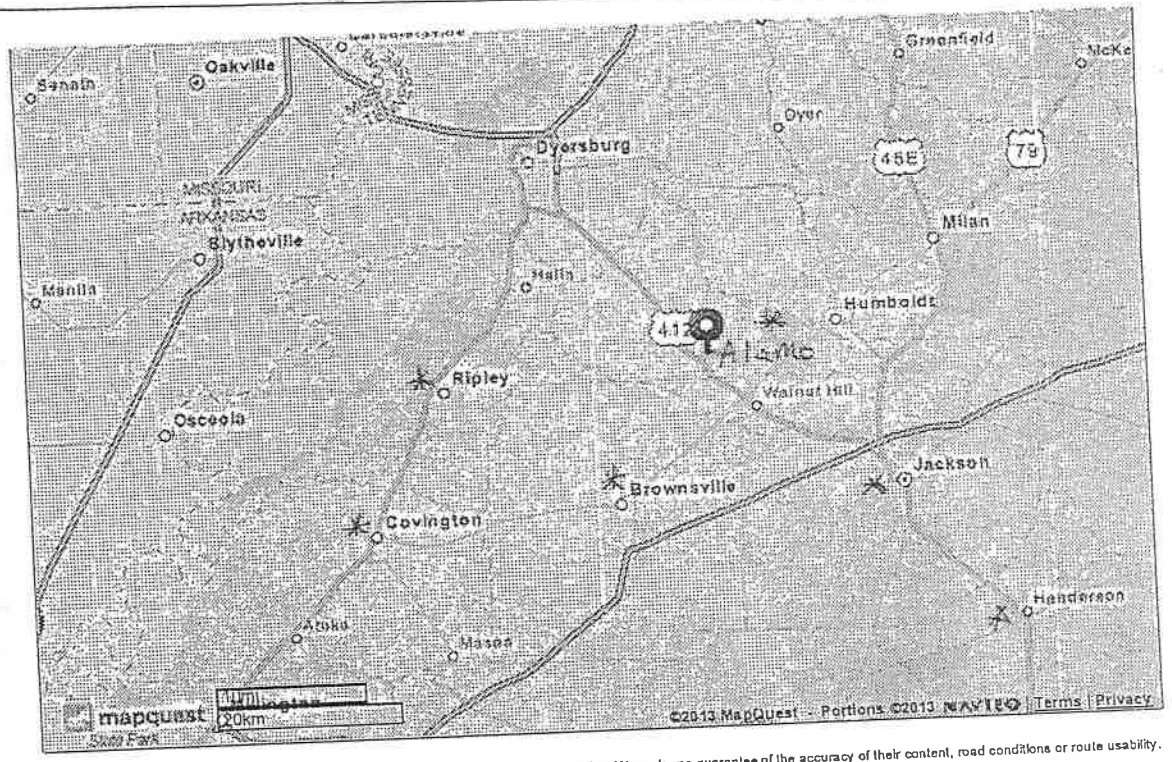
Attachment Section B, Project Description

Item 1

(54)

DEC 13 '13 AM 10:02

51



Current offices

Ripley
Alamo
Jackson
Henderson
Brownsville
Covington

Attachment, Section B Project description, Item 2.D
CMS proposed payment changes
for Medicare Home Health Agencies

CMS.gov
Centers for Medicare & Medicaid Services

Details for Title: CMS PROPOSES PAYMENT CHANGES FOR MEDICARE HOME HEALTH AGENCIES FOR 2014

Title	CMS PROPOSES PAYMENT CHANGES FOR MEDICARE HOME HEALTH AGENCIES FOR 2014
For Immediate Release	Thursday, June 27, 2013
Contact	press@cms.hhs.gov

CMS PROPOSES PAYMENT CHANGES FOR MEDICARE HOME HEALTH AGENCIES FOR 2014

The Centers for Medicare & Medicaid Services (CMS) today announced proposed changes to the Medicare home health prospective payment system (HH PPS) for calendar year (CY) 2014 that would foster greater efficiency, flexibility, payment accuracy, and improved quality. Based on the most recent data available, CMS estimates that approximately 3.5 million beneficiaries received home health services from nearly 12,000 home health agencies, costing Medicare approximately $18.2 billion in 2012.

In the rule, CMS projects that Medicare payments to home health agencies in calendar year (CY) 2014 will be reduced by 1.5 percent, or $290 million based on the proposed policies. The proposed decrease reflects the effects of the 2.4 percent home health payment update percentage ($460 million increase), the rebasing adjustments to the national, standardized 60-day episode payment rate, the national per-visit payment rates, and the non-routine medical supplies (NRS) conversion factor ($650 million decrease), and the effects of ICD-9-CM coding adjustments ($100 million decrease).

In addition, the rule proposes routine updates to the HH PPS payment rates such as updating the payment rates by the HH PPS payment update percentage and updating the home health wage index for 2014.

Background

To qualify for the Medicare home health benefit, a Medicare beneficiary must be under the care of a physician, have an intermittent need for skilled nursing care, or need physical therapy, speech -language pathology, or continue to need occupational therapy. The beneficiary must be homebound and receive home health services from a Medicare approved home health agency (HHA).

Medicare pays home health agencies through a prospective payment system that pays higher rates for services furnished to beneficiaries with greater needs. Payment rates are based on relevant data from patient assessments conducted by clinicians as currently required for all Medicare-participating home health agencies. Home health payment rates are updated annually by the home health payment update percentage. The payment update percentage is based, in part, on the home health market basket, which measures inflation in the prices of an appropriate mix of goods and services included in home health services.

HH PPS Grouper Refinements and ICD-10-CM Conversion

The proposed rule would remove two categories of ICD-9-CM codes from the HH PPS Grouper: diagnosis codes that are "too acute," meaning the condition could not be appropriately cared for in a home health setting; and diagnosis codes for conditions that would not impact the home health plan of care, or would not result in additional resources when providing home health services to the beneficiary. ICD-10-CM codes will be included in the HH PPS Grouper to be used starting on October 1, 2014. The new ICD-10-CM codes will replace the existing ICD-9-CM codes used to report medical diagnoses and inpatient procedures.

Rebasing the 60-day Episode Rate

The Affordable Care Act requires that beginning in CY 2014, CMS apply an adjustment to the national standardized 60-day episode rate and other applicable amounts to reflect factors such as changes in the number of visits in an episode, the mix of services in an episode, the level of intensity of services in an episode, the average cost of providing care per episode, and other relevant factors. Additionally, CMS must phase-in any adjustment over a four year period, in equal increments, not to exceed 3.5 percent of the amount (or amounts) in any given year, and be fully implemented by CY 2017.

The rule proposes a reduction to the national, standardized 60-day episode rate of 3.5 percent in each year CY 2014 through CY 2017. The proposed national, standardized 60-day episode payment for CY 2014 is $2,860.20. This reduction primarily reflects the observed reduction in the number of visits per episode since establishment of the HH PPS in 2000.

Rebasing Per-Visit Amounts

For episodes with four or fewer visits, Medicare pays on the basis of a national per-visit amount by discipline, referred to as a Low-Utilization Payment Adjustment (LUPA). The rule proposes an increase to each of the per-visit payment rates of 3.5 percent in each year CY 2014 through CY 2017 to account for changes in the costs of providing these services since the establishment of the HH PPS in 2000.

Rebasing and Updating Other Components of the HH PPS

Similar to the proposals for rebasing 60-day episodes and per-visit rates, this proposed rule would rebase the payment for NRS and update the LUPA add-on payment amount. The rule proposes a decrease in the NRS conversion factor of 2.58 percent in each year CY 2014 through CY 2017. In updating the LUPA add-on amount and proposing three LUPA add-on factors, LUPA add-on payments are estimated to increase by approximately 4.8 percent (using rebased per-visit amounts described above that were increased by 3.5 percent).

Quality Reporting

The proposed rule would add two claims-based quality measures: (1) Rehospitalization During the First 30 Days of a Home Health Stay, and (2) Emergency Department Use Without Hospital Readmission during the first 30 days of Home Health. The proposed rehospitalization measures will allow HHAs to further target patients who entered home health after a hospitalization. In addition, this rule would reduce the number of home health quality measures currently reported to home health agencies to simplify their use for quality improvement activities.

Cost Allocations for Home Health Agency Surveys

This proposed rule would ensure that Medicaid responsibilities for home health surveys are explicitly recognized in the State Medicaid Plan. CMS seeks comment on a methodology for calculating State Medicaid programs' fair share of Home Health Agency surveys costs. For that portion of costs attributable to Medicare and Medicaid, we would assign 50 percent to Medicare and 50 percent to Medicaid, the same methodology that is used to allocate costs for dually-certified nursing homes.

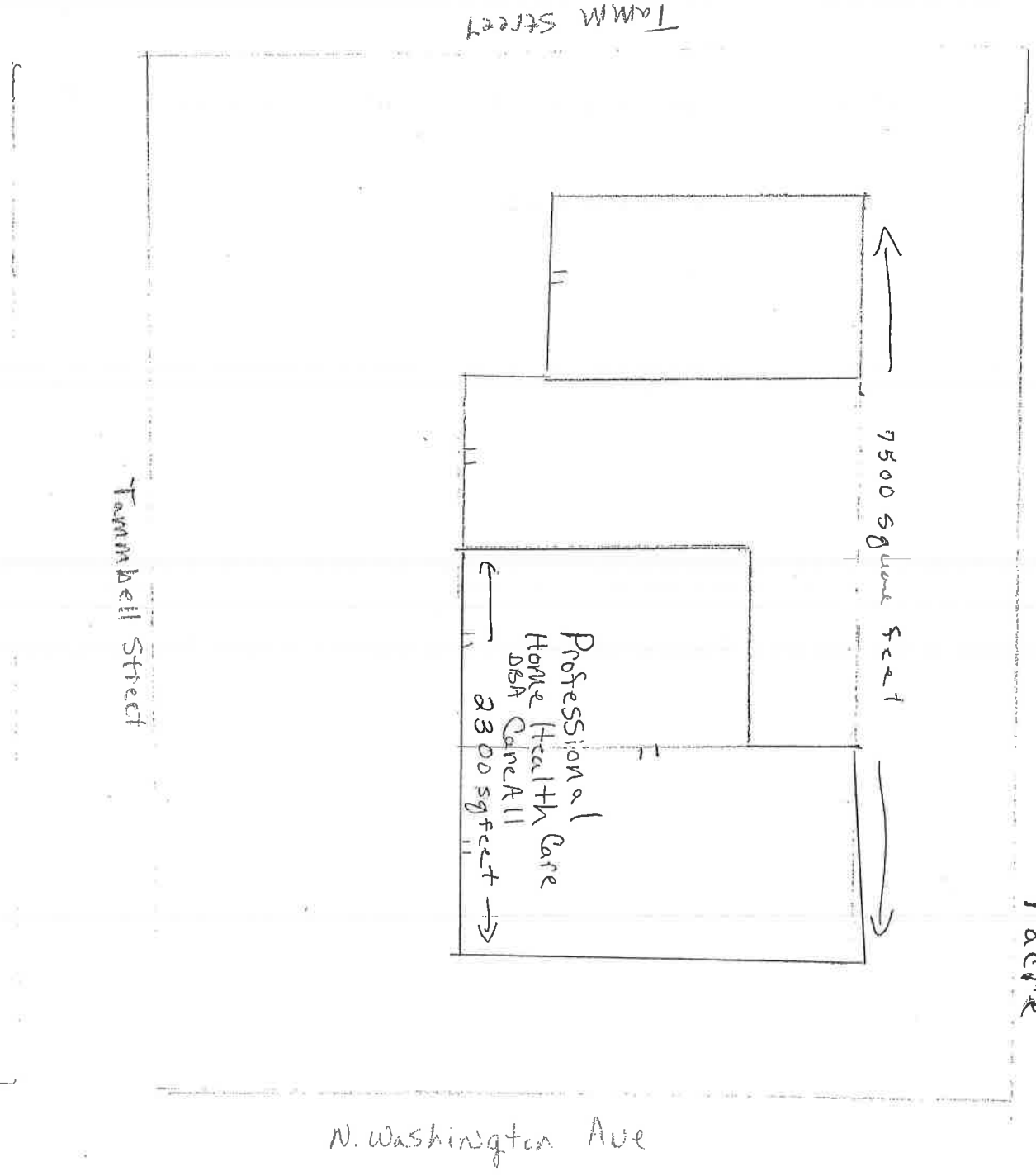
For additional information about the Home Health Prospective Payment System, visit https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/index.html.
The proposed rule can be viewed: http://federalregister.gov/Inspection.aspx. Please be mindful this link will change once the proposed rule is published on July 3, 2013 in the Federal Register. CMS will accept comments on the proposed rule until August 26, 2013.

###

(59)

Attachment section B, Project Description, Item 3, A.

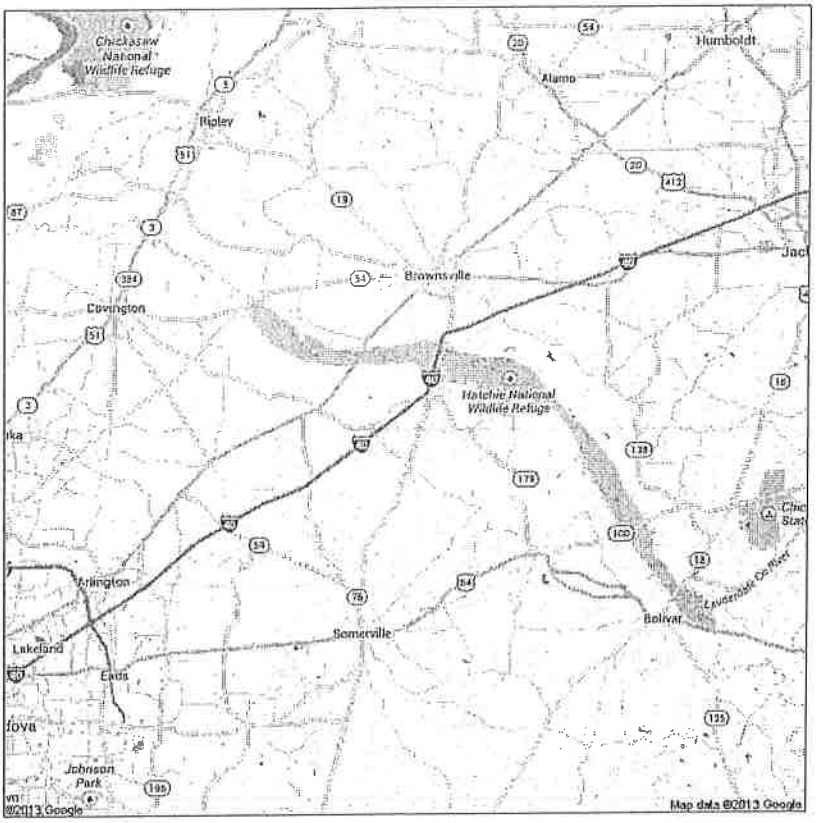
Plot of the Site


Tamm Street
Tamm Hell Street
7500 Square Feet
1 acre
Professional
Home Health Care
DBA CareAll
2300 sqfeet
N. Washington Ave

Attachment Section B, Project Description, Item3, B.

Google map of the area

Google



Attachment Section B, Project Description, Item 4

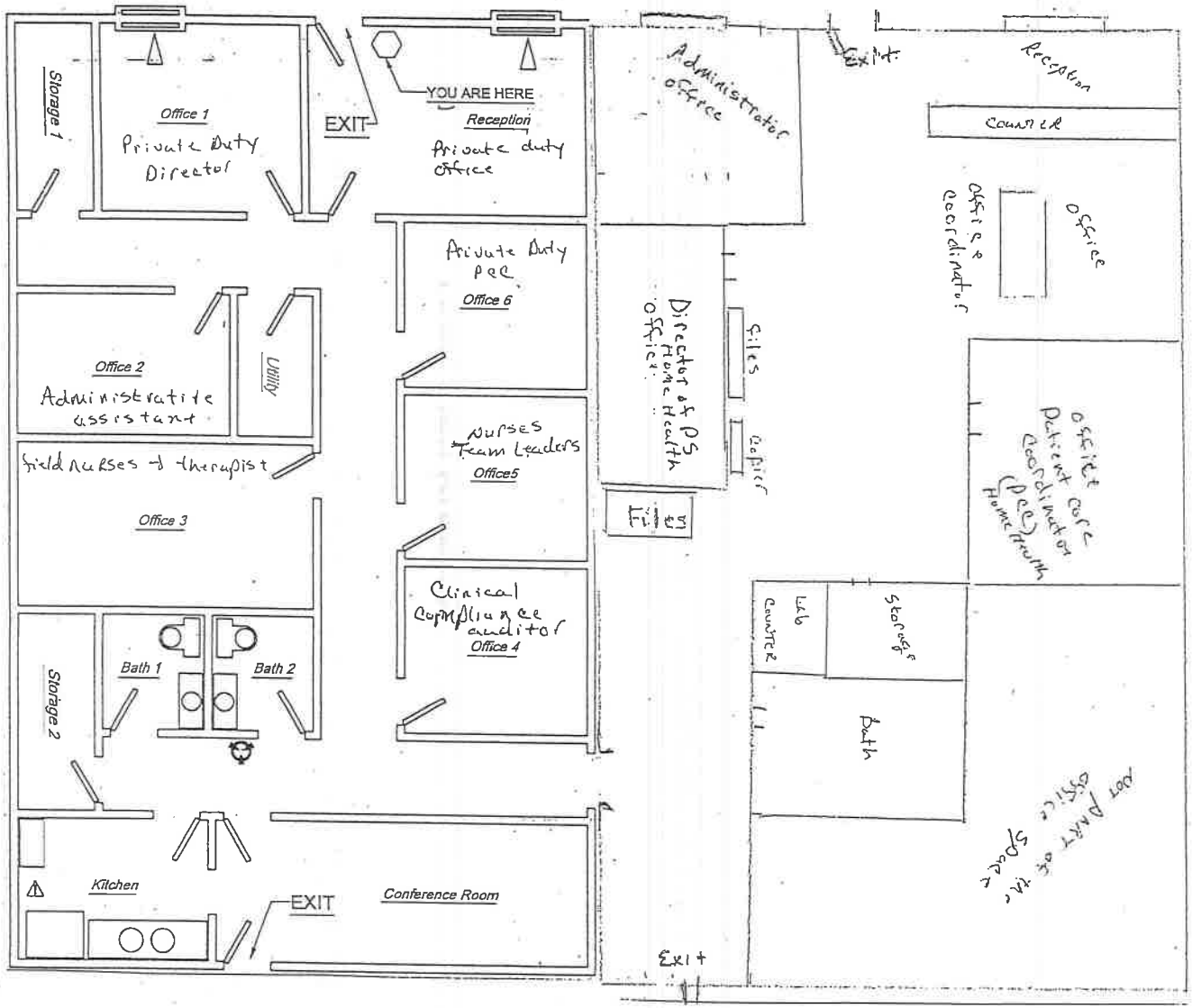
Floor Plan Drawing

1151 Tammbell Street
Brownsville, TN. 38012

(65)

Tammbell

Front



BACK

DEC 13 '13 PM 10:0

Attachment Section C, Need, Item 1, A.

Home Health Services Criteria

Section C, Need
Item 1, a.

HOME HEALTH SERVICES

1. The need for home health agencies/services shall be determined on a county by county basis.

2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

   The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

3. Using recognized population sources, projections for four years into the future will be used.

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

   Based on the number of patients served by home health agencies in the service area, an estimation will be made as to how many patients could be served in the future.

5. Documentation from referral sources:

   a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

   b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

   c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

   d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.

   a. The average cost per visit by service category shall be listed.

   b. The average cost per patient based upon the projected number of visits per patient shall be listed.

Attachment Section C, Need, Item 1 a.

Criteria #3, Home Health Services

Section C, Item 1a - Need
Criteria #3 from Home Health Services

2011 TN Res Population			
TN Res. Age Group	Patients	Population	Statewide Ratio
Ages 0 - 17	3,959	1,492,473	0.0027
Ages 18 - 64	44,945	4,031,086	0.0111
Ages 65 - 74	36,557	502,969	0.0727
Ages 75 +	86,346	376,612	0.2293
Total	171,807	6,403,140	0.0268

2010 TN Res Population			
TN Res. Age Group	Patients	Population	Statewide Ratio
Ages 0 - 17	4,687	1,496,001	0.0031
Ages 18 - 64	44,836	3,996,642	0.0112
Ages 65 - 74	38,009	487,074	0.0780
Ages 75 +	80,598	366,388	0.2200
Total	168,130	6,346,105	0.0265

2010-2011 TN Res Population (Together)			
TN Res. Age Group	Patients	Population	Statewide Ratio
Ages 0 - 17	8,646	2,988,474	0.0029
Ages 18 - 64	89,781	8,027,728	0.0112
Ages 65 - 74	74,566	990,043	0.0753
Ages 75 +	166,944	743,000	0.2247
Total	339,937	12,749,245	0.0267

(69)

Attachment Section C, Need, item 1 a.

Criteria #4 Home Health Services

Section C, Item 1a. Criteria #4

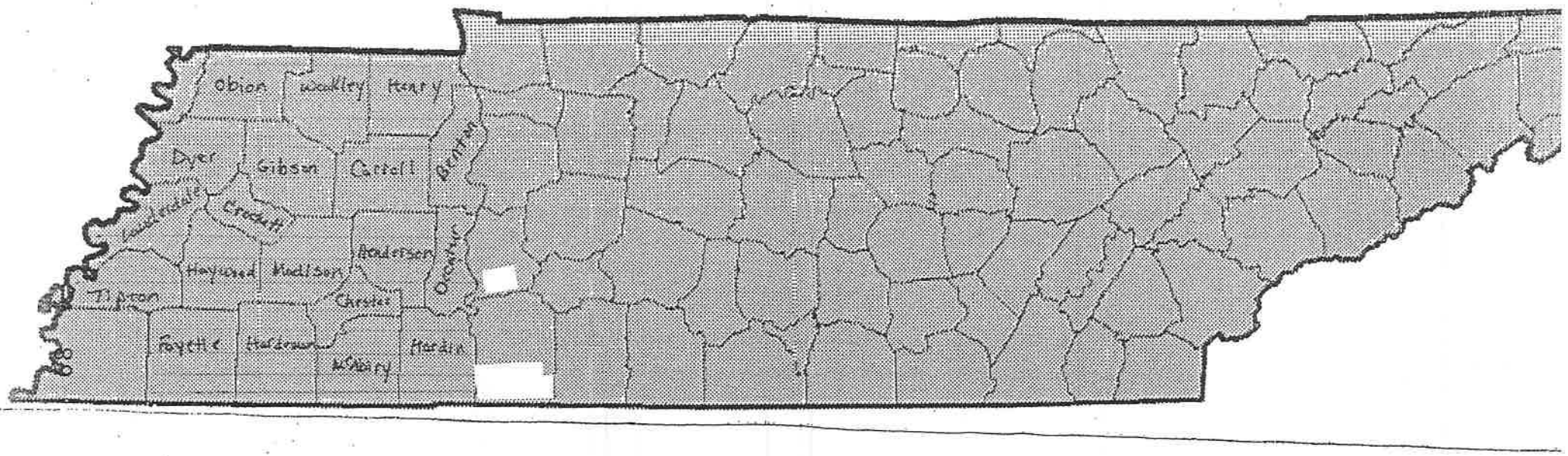
Section C, Need, Item 5

County	Agency	current Patient	current visits	2012 Patients	2012 visits	2011 patients	2011 visits	2010 patients	2010 visits
Benton	Tennessee Quality HH-North West	1,164	31,200	1,128	35,809	1,129	34,708	1,129	34,708
Carroll	Baptist Memorial Hosp HH	262	4,365	213	4,563	235	4,483	245	4,686
Decatur	Tennessee Quality HH-South West	1,080	37,708	1,082	41,010	1,352	45,155	1,080	37,708
	Volunteer Home care	1,534	51,090	1,503	59,191	1,598	62,863	1,401	61,060
Dyer	Regional Homecare -Dyer	707	24,161	814	25,936	744	25,147	655	19,817
Fayette	NHC Homecare	226	8,535	217	9,043	254	10,899	254	12,060
	Where the heart IS	116	3,487	271	3,658	253	1,453	34	736
Gibson	NHC-Gibson	569	17,601	525	19,744	479	20,667	546	21,723
	Volunteer Homecare -Gibson	3,041	77,139	3,027	75,415	2,549	71,266	2,443	70,172
Hardin	Deaconess Homecare-Hardin	1,330	42,646	1,244	52,175	1,213	55,013	1,124	50,863
	HMC Home Health	341	10,437	274	10,151	252	10,550	308	12,379
Henderson	Regional Home Care-Lexington	569	21,853	616	25,069	578	23,948	683	26,690
Henry	Henry CountyMedical Center-HH	363	7,276	399	8,070	355	7,517	474	10,087
Madison	Amedisys HHC-Madison	2,741	93,572	2,586	85,497	2,489	87,882	2,407	87,880
	Extendicare HH of West Tenn	1,085	32,356	993	32,457	962	38,306	1,015	42,079
	Intrepid USA	422	17,257	86	2,763	294	8,013	210	7,381
	Medical Center Home health	1,706	36,648	1,617	42,307	1,403	44,333	1,329	39,860
	Regional Home care-Jackson	1,164	41,439	1,061	not recorded	1,206	44,628	969	32,423
Obion	Extendicare HH of WTN-Obion	302	8,245	347	10,600	398	16,888	499	20,902
Tipton	Baptist Memorial Hosp HH-Covington	353	5,281	361	5,959	326	4,491	330	4,601
Weakley	CareAll Home care -University HH	2,036	74,987	2,668	116,347	1,903	123,638	1,902	92,329

TN.gov JAR reports

(71)

Attachment Section C, Need, Item 3



Service area

Attachment Section C, Need, Item 5

Section C, Item 1a. Criteria #4

Section C, Need, Item 5

(75)

County	Agency	current Patient	current visits	2012 Patients	2012 visits	2011 patients	2011 visits	2010 patients	2010 visits
Benton	Tennessee Quality HH-North West	1,164	31,200	1,128	35,809	1,129	34,708	1,129	34,708
Carroll	Baptist Memorial Hosp HH	262	4,365	213	4,563	235	4,483	245	4,686
Decatur	Tennessee Quality HH-South West	1,080	37,708	1,082	41,010	1,352	45,155	1,080	37,708
	Volunteer Home care	1,534	51,090	1,503	59,191	1,598	62,863	1,401	61,060
Dyer	Regional Homecare -Dyer	707	24,161	814	25,936	744	25,147	655	19,817
Fayette	NHC Homecare	226	8,535	217	9,043	254	10,899	254	12,060
	Where the heart IS	116	3,487	271	3,658	253	1,453	34	736
Gibson	NHC-Gibson	569	17,601	625	19,744	479	20,667	546	21,723
	Volunteer Homecare -Gibson	3,041	77,139	3,027	75,415	2,549	71,266	2,443	70,172
Hardin	Deaconess Homecare-Hardin	1,330	42,646	1,244	52,175	1,213	55,013	1,124	50,863
	HMC Home Health	341	10,437	274	10,151	252	10,550	308	12,379
Henderson	Regional Home Care-Lexington	569	21,853	616	25,069	578	23,948	683	26,690
Henry	Henry CountyMedical Center-HH	363	7,276	399	8,070	355	7,517	474	10,087
Madison	Amedisys HHC-Madison	2,741	93,572	2,586	85,497	2,489	87,882	2,407	87,880
	Extendicare HH of West Tenn	1,085	32,356	993	32,457	962	38,306	1,015	42,079
	Intrepid USA	422	17,257	86	2,763	294	8,013	210	7,381
	Medical Center Home health	1,706	36,648	1,617	42,307	1,403	44,333	1,329	39,860
	Regional Home care-Jackson	1,164	41,439	1,061	not recorded	1,206	44,628	969	32,423
Obion	Extendicare HH of WTN-Obion	302	8,245	347	10,600	398	16,888	499	20,902
Tipton	Baptist Memorial Hosp HH-Covington	353	5,281	361	5,959	326	4,491	330	4,601
Weakley	CareAll Home care -University HH	2,036	74,987	2,668	116,347	1,903	123,638	1,902	92,329

TN.gov JAR reports

Attachment Section C, Need, Item 6

County	Agency	current patient	current visits	2012 patients	2012 visits	2011 patients	2011 visits	2010 patients	2010 visits
Tipton	Professional Home Health D/B/A CareAll	1,556	52,400	1,103	63,633	1,491	81,120	1,424	85,421
		2015 patients	2015 visits	2016 Patients	2016 Visits				
		1,123	41,398	1,183	42,226				

Tennessee Department of Health JAR Reports

(47)

Attachment Section C, Economic Feasibility

Item 2

CareAll
Home Care Services

December 11, 2013

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building
500 Deaderick Street, 9th Floor
Nashville, TN 37243

Dear Director,

The funding source for the project proposed with the CON application to relocate the principle location of Professional Home Health Care, LLC D/B/A CareAll Homecare Services from Covington, TN to Brownsville, TN will be from cash reserves. I attest that Professional Home Health Care; LLC D/B/A CareAll Homecare Services have sufficient cash reserves to fund this project.

Sincerely,

Michael Carell, President
CareAll, LLC

Attachment Section C, Economic Feasibility

Item 4

Historical and Projected Data Charts

SUPPLEMENTAL #2
December 30, 2013
11:14 am

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in January (Month).

	Year 2010	Year 2011	Year 2012
A. Utilization Data (Specify unit of measure) (visits)	78,390	70,478	47,769
B. Revenue from Services to Patients			
1. Inpatient Services	$	$	$
2. Outpatient Services	20,471,904	18,600,263	16,198,731
3. Emergency Services			
4. Other Operating Revenue (Specify)_____			
Gross Operating Revenue	$20,471,904	$18,600,263	$16,198,731
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$	$	$
2. Provision for Charity Care			
3. Provisions for Bad Debt			
Total Deductions	$	$	$
NET OPERATING REVENUE	$20,471,904	$18,600,263	$16,198,731
D. Operating Expenses			
1. Salaries and Wages	$7,674,036	$6,850,487	$6,482,351
2. Physician's Salaries and Wages			
3. Supplies	145,821	141,621	137,953
4. Taxes	578,616	619,183	1,298,265
5. Depreciation	9,624	26,811	30,069
6. Rent	136,434	134,760	131,880
7. Interest, other than Capital			3,056
8. Management Fees:			
a. Fees to Affiliates	4,826,832	4,572,713	3,834,542
b. Fees to Non-Affiliates			
9. Other Expenses (Specify) _____	1,633,869	1,364,467	1,040,870
Total Operating Expenses	$15,005,232	$13,710,042	$12,958,986
E. Other Revenue (Expenses) – Net (Specify)	$135,513	$(1,009,394)	$(3,113,386)
NET OPERATING INCOME (LOSS)	$5,602,185	$3,880,827	$126,359
F. Capital Expenditures			
1. Retirement of Principal	$	$	$
2. Interest			
Total Capital Expenditures	$ 0	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	$5,602,185	$3,880,827	$126,359

SUPPLEMENTAL #2
December 30, 2013
11:14 am

Mary Ellen Foley
December 19, 2013
Page 10

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

		Year 2015	Year 2016
A.	Utilization Data (Specify unit of measure) (visits)	41,398	42,226
B.	Revenue from Services to Patients		
	1. Inpatient Services	$	$
	2. Outpatient Services	11,188,573	11,412,345
	3. Emergency Services		
	4. Other Operating Revenue (Specify)_____		
	Gross Operating Revenue	$ 11,188,573	$ 11,412,345
C.	Deductions from Gross Operating Revenue		
	1. Contractual Adjustments	$	$
	2. Provision for Charity Care		
	3. Provisions for Bad Debt		
	Total Deductions	$ 0	$ 0
NET OPERATING REVENUE		$ 11,188,573	$ 11,412,345
D.	Operating Expenses		
	1. Salaries and Wages	$ 5,716,390	$ 5,773,554
	2. Physician's Salaries and Wages		
	3. Supplies	86,196	87,058
	4. Taxes	563,394	569,028
	5. Depreciation	25,623	25,879
	6. Rent	94,460	94,460
	7. Interest, other than Capital		
	8. Management Fees:		
	a. Fees to Affiliates	2,144,284	2,187,169
	b. Fees to Non-Affiliates		
	9. Other Expenses – Specify on separate page 14	1,220,318	1,233,222
	Total Operating Expenses	$ 9,850,665	$ 9,970,370
E.	Other Revenue (Expenses) -- Net (Specify) Bad Debts	$ (206,990)	$ (211,130)
NET OPERATING INCOME (LOSS)		$ 1,130,918	$ 1,230,845
F.	Capital Expenditures		
	1. Retirement of Principal	$	$
	2. Interest		
	Total Capital Expenditures	$ 0	$ 0

SUPPLEMENTAL #2
December 30, 2013
11:14 am

NET OPERATING INCOME (LOSS)		
LESS CAPITAL EXPENDITURES	$ 1,130,918	$ 1,230,845

SUPPLEMENTAL #2
December 30, 2013
11:14 am

Mary Ellen Foley
December 19, 2013
Page 12

HISTORICAL DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year 2010	Year 2011	Year 2012
1. Auto & Mileage	$315,190	$289,899	$214,542
2. Employee Benefits	299,534	271,970	185,038
3. Insurance	245,961	232,516	251,291
4. Contract Services	174,998	180,659	14,905
5. Phone/Utilities	99,181	90,713	72,328
6. Advertising	73,694	104,401	113,938
7. Other Administrative	425,311	194,309	188,828
Total Other Expenses	$1,633,869	$1,364,467	$1,040,870
OTHER REVENUE (EXPENSES)			
Bad Debts		(1,196,562)	
Miscellaneous Income	110,380	171,795	
Interest Income	25,133	15,373	19,947
Legal Settlement			(3,133,333)
	135,513	(1,009,394)	(3,113,386)

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year 2015	Year 2016
1. Auto & Mileage	$148,725	$150,212
2. Employee Benefits	222,839	225,067
3. Insurance	268,004	270,684
4. Contract Services	103,495	105,565
5. Phone/Utilities	74,606	75,017
6. Advertising	97,707	98,684
7. Other Administrative	304,942	307,993
Total Other Expenses	$1,220,318	$1,233,222

Attachment Section C, Economic Feasibility

Item 6, b.

Attachment Section C, Item 6 B

County	Agency	Charges HH aide	charges MSS	Charges OT	Charges PT	Charges SN	Charges ST
Benton	Tennessee Quality HH-North West	43	153	105	104	95	113
Decatur	Tennessee Quality HH-South West	43	153	105	104	95	113
Dyer	Regional HH-Dyer	129	129	0	129	129	0
Gibson	Volunteer HH	44	155	0	106	96	0
Henderson	Regional HH-Lexington	90	200	175	175	160	165
Henry	Henry Co Medical Center	43	153	0	104	95	113
Madison	Extendicare of WT	50	252	186	221	105	180
	Intrepid	75	154	0	153	136	154
	Regional Home care	44	155	107	106	97	115

Tn.gov JAR reports

Attachment Section C, Economic Feasibility

Item 8

CareAll
Home Care Services

December 11, 2013

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building
500 Deaderick Street, 9th Floor
Nashville, TN 37243

Dear Director,

The funding source for the project proposed with the CON application to relocate the principle location of Professional Home Health Care, LLC D/B/A CareAll Homecare Services from Covington, TN to Brownsville, TN will be from cash reserves. I attest that Professional Home Health Care; LLC D/B/A CareAll Homecare Services have sufficient cash reserves to fund this project.

Sincerely,

Michael Carell, President
CareAll, LLC

Attachment Section C, Economic Feasibility

Item 10

Professional Health Care
Balance Sheet
October 31, 2013

ASSETS

Current Assets	
Cash	1,566,389
Accounts Receivable	2,258,902
Prepaid Insurance	31,033
Intercompany Due (To) From Careall, LLC and MGMT	(101,022)
Intercompany Due (To) From Agencies	826
Total Current Assets	3,756,127
Fixed Assets	
Vehicles, Equipment, Computer Hardware	131,118
Less: Accum Depreciation	(114,772)
Total Fixed Assets	16,346
Other Assets	4,098
Total Assets	3,776,571

LIABILITIES

Current Liabilities	
Accounts Payable	22,771
Other Current Liabilities	30,263
Accrued Worker's Comp Insurance	186,721
Accrued PTO	46,958
Deferred Revenue	42,162
Management Fees Payable	7,004,836
Total Current Liabilities	7,333,710

EQUITY

Retained Earnings - Current Year	1,758,329
Retained Earnings - Prior	(5,331,619)
Paid-in-Capital	646,650
Common Stock	1,000
Distribution	(631,500)
Total Equity	(3,557,140)
Total Liabilities and Equity	3,776,571

(91)

PROFESSIONAL HEALTHCARE
COMBINED INCOME STATEMENT
JANUARY 1 - OCTOBER 31, 2013

	OCTOBER 31, 2013 YTD
REVENUE:	
COMMERCIAL INSURANCE	$205,622
MEDICARE A	$4,564,308
MEDICARE B	$30,259
HOME HEALTH TENNCARE	$4,426
PRIVATE DUTY (TENNCARE)	$4,274,251
PRIVATE DUTY (COMM INS)	$1,051,245
PRIVATE DUTY (PRIVATE PAY)	$57,391
SITTER REVENUE	$479,028
MEDICARE/TENNCARE REV ADJ.	($47,736)
INTEREST/SUPPLIES/MISC INCOME	$19,012
TOTAL REVENUE	**10,637,806**
DIRECT LABOR COST:	
HOME HEALTH AGENCIES:	
SALARIES	1,156,764
FICA	85,978
MILEAGE	98,442
TOTAL HOME HEALTH AGENCIES	**1,341,185**
PRIVATE DUTY:	
SALARIES	3,144,314
FICA	236,697
MILEAGE	13,897
TOTAL PRIVATE DUTY	**3,394,907**
TOTAL DIRECT LABOR COST	**4,736,092**
CMS SUPPLY PURCHASES	**74,268**
PLANT OPERATIONS:	
PLANT OPERATIONS - RENT	88,830
PLANT OPERATIONS - UTILITIES	29,540
TOTAL PLANT OPERATIONS	**118,370**
ADMINISTRATIVE PAYROLL:	
SALARIES - ADMINISTRATOR	56,462
SALARIES - DIRECTOR	242,348
SALARIES - PCC	121,352
SALARIES - PI COORDINATOR	17,856
SALARIES - OFFICE	374,140
QUARTERLY DIRECTOR/ADM. BONUS	45,773
BONUS - REFERRAL/NON-MGT	1,191
FICA - G&A	128,252
TOTAL ADMINISTRATIVE PAYROLL	**987,375**

PROFESSIONAL HEALTHCARE
COMBINED INCOME STATEMENT
JANUARY 1 - OCTOBER 31, 2013

	OCTOBER 31, 2013 YTD
ADMINISTRATIVE - OTHER:	
MANAGEMENT FEES	1,968,236
PRE-CERT FEES	139,300
OASIS FEES	95,920
NURSE CONSULTING	13,104
PENSION	3,816
WORKERS COMPENSATION	186,721
VESTED PTO	104,651
GROUP INSURANCE	130,245
OTHER BENEFITS (STD, LIFE)	13,331
STORAGE/MOVING FEES	4,227
SEMINAR/BOOK EXPENSE	2,729
UNIFORMS	1,363
ADVERTISING/MARKETING	111,785
EMPLOYEE ADS	222
TEMPORARY HELP	1,657
BACKGROUND INVESTIGATIONS	5,608
MEDICAL ALARM MONITORING	11,973
COMPLIANCE/'TRAINING	107,871
EXPENDABLE EQUIPMENT	2,359
TELEPHONE	31,485
TELEPHONE ANSWERING SERVICE	1,650
DIRECTORY LISTING	1,525
POSTAGE	9,537
PRINTING & DUPLICATION	13,120
OFFICE SUPPLIES	45,301
MEDICAL CONSULTING FEES	18,475
LEGAL/ACCOUNTING FEES	28,549
INTEREST EXPENSE	7,639
SOFTWARE SUPPORT	14,120
DUES & SUBSCRIPTIONS	2,921
MEALS/LODGING/ENTERTAINMENT	6,146
MAINT/REPAIR/SERV. AGREEMENTS	14,612
BAD DEBTS	17,536
TAXES & LICENSES	75,326
FUEL EXPENSE	17,163
TOTAL OTHER ADMINISTRATIVE	**3,210,223**
AUTO & MILEAGE	**24,132**
DEPRECIATION	**22,964**
INSURANCE:	
PROF/LIABILITY INSURANCE	36,326
VEHICLE INSURANCE	3,061
TOTAL INSURANCE	**39,387**
TOTAL EXPENSES	**9,212,810**
NET INCOME FROM OPERATIONS	**1,424,996**
LEGAL SETTLEMENT REVERSAL	**333,333**
NET INCOME	**1,758,329**

PROFESSIONAL HEALTHCARE
COMBINED INCOME STATEMENT
January 1 - October 31, 2013

	2013 YTD SUBTOTAL	%
REVENUE:		
COMMERCIAL INSURANCE	205,622	1.93%
UNIVITA	-	0.00%
MEDICARE A	4,564,308	42.91%
MEDICARE B	30,259	0.28%
HOME HEALTH TENNCARE	4,426	0.04%
PRIVATE DUTY (TENNCARE)	4,274,251	40.18%
PRIVATE DUTY (COMM INS)	1,051,245	9.88%
PRIVATE DUTY (PRIVATE PAY)	57,391	0.54%
SITTER REVENUE	479,028	4.50%
MEDICARE/TENNCARE REV ADJ.	(47,736)	-0.45%
INTEREST/SUPPLIES/MISC INCOME	19,012	0.18%
TOTAL REVENUE	10,637,806	100.00%

MEDICARE ADJ	(50,439)
TENNCARE ADJ	2,703
TOTAL ADJ	(47,736)

OCT YTD 2013 SUMMARY:		% APPLIED TO 2015 PROJECTION		
COMMERCIAL INSURANCE	1,256,867	11.84%	1,324,307	COMMERCIAL INSURANCE
MEDICARE	4,544,128	42.79%	4,787,955	MEDICARE
TENNCARE	4,760,408	44.83%	5,015,840	TENNCARE
SELF PAY	57,391	0.54%	60,470	SELF PAY
TOTAL	10,618,794	100.00%	11,188,573	
INTEREST	19,012			
	10,637,806		11,188,573	

Attachment Section C, Contribution to the Orderly Development of Health Care

Item 3

Section C: Contribution to Orderly Development of Health Care, Item 3

Position Title	Current FTE	Proposed FTE	Net Change	Agency average annual wage	Average annual wage for the service are of Tennessee
Administrator	1	1	0	$65,000	$83,160
Director of Patient Services	6	5	-1	$55,000	$77,190
Office Coordinators	11	10	-1	$22,800	$41,390
LPN Patient care Coordinators	6	6	0	$33,280	$31,300
Field RN	6	6	0	$49,287	$52, 220
Field LPN	4	4	0	$37,349.00	$34,610
LPTA	6	6	0	$66,915	$58,440
Field PT	2	2	0	$166,675	$92,570
Field Home Health Aide	3	3	0	$22,880	$20,460
Field Speech Therapy	0.5	0.5	0	$70,000	$71,900
Field Medical Social Services	1	1	0	$31,200	$43,470
Field Ocupational Therapy	0.5	0.5	0	$85,000	$86,200
Total	47	45	-2	$43,940	$61,935

The 2013 Tennessee Occupational wages, BOS area 470001 West Tennessee, Health Practitioners and Technical Occupations, Management Occupations, Health Care and Support Occupations, Office and Administrative Occupations, Community and Social Service Occupations.

Attachment Section C, Contribution to the Orderly Development of Health Care

Item 7, c.

(154)

Board for Licensing Health Care Facilities

State of Tennessee License No. 0000000288

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

PROFESSIONAL HOME HEALTH CARE,LLC *to conduct and maintain a*

Home Care Organization CAREALL HOMECARE SERVICES

Located at 901 HWY 51 SOUTH, COVINGTON

County of TIPTON *, Tennessee.*

92

This license shall expire JANUARY 22 , 2014 , *and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 22ND *day of* JANUARY , 2013 .

In the Distinct Category(ies) of:

SKILLED NURSING
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
MEDICAL SOCIAL SERVICES
HOME HEALTH AID SERVICES
MEDICAL SUPPLIES & APPLIANCES
HOMEMAKERS SERVICES
HOME HEALTH AGENCY
OTHER SPECIALTY

By Vincent J. Davis, MPH
DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By [signature]
COMMISSIONER

Palmetto GBA

A/B MAC Jurisdiction 11

May 2, 2012

PROFESSIONAL HOME HEALTH CARE LLC
CARE ALL HOMECARE SERVICES
ATTN: James Carell
901 Hwy 51 South
Covington, TN 38019

DCN: 12053023100016

We have processed your Medicare enrollment application*(s)* to revalidate your Medicare enrollment information. The revalidation was completed for the following entity.

Legal Business Name:	PROFESSIONAL HOME HEALTH CARE LLC
DBA:	CARE ALL HOMECARE SERVICES
NPI(s):	1194780569
PTAN/CCN:	447503

In addition, to revalidating the above provider number information, the following updates were completed.

- ☐ Name Change
- ☐ Structure Change
- ☐ Practice Special Payment Address
- ☒ Management Personnel Addition Melissa Paris effective: 11/14/2011
- ☒ Management Personnel Deletion Sue Permenter effective date:11/01/2011
- ☐ Telephone Number
- ☐ Fax Number
- ☐ Branch Location
- ☐ Authorized/Delegated Official
- ☐
- ☐ N/A

Please verify the accuracy of your enrollment information. If you disagree with any portion of this initial determination, you may request a reconsideration before a contractor hearing officer. The reconsideration is an independent review and will be conducted by a person who was not involved in the initial determination. You must request the reconsideration in writing to this office within 60 calendar days of the postmark date of this letter. The request for reconsideration must state the issues, or the findings of fact with which you disagree and the reasons for disagreement. You may submit additional information with the reconsideration request that you believe may have a bearing on the decision. The reconsideration request must be signed and dated by the physician, non-physician practitioner or any responsible authorized or delegated official within the entity. Failure to timely request a reconsideration

is deemed a waiver of all rights to further administrative review. The request for reconsideration should be sent to:

Centers for Medicare & Medicaid Services
Center for Program Integrity
Provider Enrollment Operations Group
7500 Security Blvd.
Mailstop: AR-18-50
Baltimore, MD 21244-1850

To maintain an active enrollment status in the Medicare Program, regulations found at 42 CFR 424.516 require that you submit updates and changes to your enrollment information in accordance with specified timeframes. Reportable changes include, but are not limited to changes in: (1) legal business name (LBN)/tax identification number (TIN), (2) practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as changes in electronic funds transfer information, and (6) final adverse legal actions, including felony convictions, license suspensions or revocations of a health care license, an exclusion or debarment from participation in Federal or State health care program, or a Medicare revocation by a different Medicare contractor.

Providers and suppliers may enroll or make changes to their existing enrollment in the Medicare program using the Internet-based Provider Enrollment, Chain and Organization System (PECOS). To apply via the Internet-based PECOS or to download the CM-855 enrollment applications, go to http://www.cms.hhs.gov/MedicareProviderSupEnroll.

If additional changes are necessary or if you have any questions, feel free to contact our Provider Contact Center at 866-830-3925.

Sincerely,

Nakia Y. Mack
Provider Enrollment Analyst

(156)

12220000011

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
310 Great Circle Road
Nashville, Tennessee 37202-1700

August 9, 2012

CAREALL HOME CARE SERVICES/9020
ATTN: ADMINISTRATOR
901 HIGHWAY 51 SOUTH
COVINGTON, TN 38019

NPI Number: 1194780569
Provider Number: 0447503

Dear Provider:

We have received and processed your revalidation Medicaid enrollment application packet. Please note that if you need to make any future changes to the information contained in the application you need to mail or visit our website at http://www.tn.gov/tenncare/pro-forms2.html. All changes must be reported within 30 days.

Please submit completed application(s) to:

Bureau of TennCare
310 Great Circle Road
Nashville, TN 37202
Attn: Provider Enrollment Unit

If you have questions regarding this letter please contact the Provider Enrollment line between the hours of 8:00 to 4:00 Monday through Friday at 1-800-852-2683, for additional enrollment applications visit our website at http://www.tn.gov/tenncare/pro-forms2.html.

Sincerely,

Provider Enrollment Unit

12220000001

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
310 Great Circle Road
Nashville, Tennessee 37202-1700

August 9, 2012

PROFESSIONAL HOME HEALTH CARE/9104
326 WELCH ROAD
NASHVILLE, TN 37211

Provider Number:
0447503
NPI ID: 1194780569

Dear PROFESSIONAL HOME HEALTH CARE:

I would like to take this opportunity to welcome you to the Tennessee Medicaid/TennCare program. Your provider number is 0447503, your NPI ID is 1194780569 and the effective date of enrollment is May 19, 1986. Only claims with service dates on or after the effective date can be accepted for processing. NOTE: Tennessee Medicaid/TennCare will only pay you for the Medicare deductible and coinsurance for services rendered to Qualified Medicare Beneficiaries (QMB) and dual eligible Medicaid/QMB recipients.

If you have any questions regarding the submission of these claims to Medicaid, please contact our Provider Inquiry Unit at (615) 741-6669 or 1-800-852-2683.

All cross over claims must be submitted to the following address:

State of Tennessee
Department of Finance and Administration
P. O. Box 460
Nashville, TN 37202-0460

For proper identification and payment, all claims must be billed with the complete provider name and number. Should the name or address, as shown above, change, please notify in writing the Provider Enrollment Department at the address below. In addition, any telephone or written correspondence with this office must include Tennessee Medicare/Medicaid provider number(s).

State of Tennessee
Department of Finance and Administration
310 Great Circle Road
Nashville, TN 37202-1700

12220000001

Provider Number: 0447503
NPI ID: 1194780569

The newly formed relationship between you and TennCare, as a provider, allows you to use the Automated Voice Response System (AVRS). The AVRS is accessed by calling 1-(800) 852-2683. During or after the greeting, select provider by pressing one (1) to advance to the AVRS main menu.

At the AVRS main menu, you may select to hear how to access information via our website, hear an explanation of special automated voice response system features or continue to the provider identification menu.

Once at the provider identification menu, you will need to identify yourself as a provider by selecting the appropriate selection, followed by the pound sign (#).

Next, you will be prompted to enter your Medicaid ID number followed by the pound sign (#). After entering your identification number, enter your four-digit AVRS PIN followed by the pound sign (#). Your AVRS PIN is 9999.

For information about using TennCare's Online Eligibility Verification, visit: http://www.tennesseeanytime.org/tncr/ simply complete the online registration agreement, print and forward via mail or fax.

The Bureau of TennCare requires providers to re-enroll every three years. During the re-enrollment process, the Bureau of TennCare will ask you to supply updated information and documentation required for continued participation.

If you have any questions regarding this letter, please call the Provider Enrollment line at 1-800-852-2683, between the hours of 8:00 to 4:00 Monday through Friday, or visit our website at http://www.tn.gov/tenncare/pro-forms2.html for additional information regarding the enrollment process.

Sincerely,

Annie J Cowan

Provider Services/Enrollment Unit

Attachment Section C, Contribution to the Orderly Development of Health Care

Item 7, d.

COPY

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
WEST TENNESSEE HEALTH CARE FACILITIES
29750 Highway 45 Bypass
JACKSON, TENNESSEE 38305

May 22, 2012

Ms. Melissa Carol Paris, Administrator
CareAll Home Care
901 Hwy. 51 South
Covington, Tennessee 38019

RE: Recertification Survey and Licensure Survey– 4/11/2012
Provider # 44-7503 - Licensure # 534288

Dear Ms. Paris:

On 5/21/12, our office completed a review of your plan of correction for the deficiencies cited, **recertification and licensure.** Based on the review, we are accepting your plan of correction for each and are assuming your facility is in compliance with all participation requirements.

If this office may be of any assistance to you, please do not hesitate to call (731) 984-9684.

Sincerely,

Kathy Zeigler

Kathy Zeigler, RN
Public Health Nurse Consultant 2

KZ/gk

(161)

PRINTED: 04/16/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	447503	A. BUILDING _____ B. WING _____	04/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREALL	901 HWY 51 SOUTH COVINGTON, TN 38019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 173	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates the plan of care and necessary revisions. This STANDARD is not met as evidenced by: Based on facility policy, medical record review and interview, it was determined the facility failed to ensure nursing staff notified the physician regarding development of new skin conditions, and initiated a change in the plan of care (POC) for 1 of 20 (Patient #14) sampled patients. The findings included: 1. Review of the facility's "Plan of Care - Verbal Orders - Recertifications" policy documented, "...Verbal Orders: The Physician shall be notified promptly of any changes in the patient's status, and the registered nurse or other appropriate professional will initiate a supplemental order for verbal orders received noting the problem/need, interventions to include skill...any specific instructions..." 2. Medical record review for Patient #14 documented a re-certification for a POC from 2/12/12 - 4/11/12. The 485/POC documented, "...SN [skilled nurse] Orders 2 WK 9 [2 times a week for 9 weeks]...SN to provide wound care each SN visit as follows... Left pointer finger, right knee, right big toe, right second toe--clean with soap and water, pat dry, apply 1% [percent] silver sulfadiazine cream, cover with 4 x [by] 4 and secure with tape..." Review of the nursing notes dated 2/15/12,	G 173	G 173 Patient #14 – Documented a re-certification for a POC (Plan of Care) from 02/12/12 – 04/11/12. The 485/POC documented: SN (Skilled Nurse): orders 2 WK 9 (2 times a week for 9 weeks) – SN to provide wound care each SN visits as follows..Left pointer finger, right knee, right big toe, right second to -- clean with soap and water, pat dry, apply 1% (percent) silver sulfadiazine cream, cover with 4 x (by) 4 and secure with tape. Supplementa orders have been writtn and the physician has been notified of the wound care changes and new orders 04/11/2012. The deficiency will be corrected by the Director of Patient Services ensuring that orders will be written for all new wound care and the MD notified of a change in the patient's condition. These measures or systemic changes will be put in place to ensure that the deficient practice will not recur: when a Skilled Nurse identifies a new or subsequent wound on a patient, the nurse will notify the physician and obtain an order for wound care. All Skilled Nurses will be in-serviced on the facilities "Plan of Care – Verbal Orders- Recertifications" Policy (#3.011 see attached) by 05/24/12. When a nurses identifies a change in wound, the physician will be notifed to obtain orders for wound care. The Director of Patient Services will monitor all new wound care orders weekly. The Director of Patient Services will ensure that	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Melissa C. Paris RN Administrator — 4-27-12.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

(162)

PRINTED: 04/16/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	447503	A. BUILDING _____ B. WING _____	04/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREALL	901 HWY 51 SOUTH COVINGTON, TN 38019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 173	Continued From page 1 2/18/12, 2/25/12, 3/1/12 and 3/3/12 documented wound care was performed to the patient's left big toe and the right fifth toe. The treatment for these two areas were not addressed in the POC. A nurse note dated 2/21/12 documented a new area on the top of the right foot on the left and the right side of the patient's foot. These new areas were treated by the nurse. There were no supplemental orders documented and no communication with the physician regarding the newly identified areas. 4. During a telephone interview on 4/11/12 at 10:30 AM, the Director of the branch office for Patient #14 stated, "...the fifth right toe and the left big toe should be on the 485...that will be on the new 485..." When asked what she expected of nursing when the new area on the top of the foot was identified on 2/21/12. The Director stated, "Supplemental order...Is there not one?..." The Director verified there were areas being treated with no physician's order and the lack of documentation the physician was notified of changes in the patient's status.	G 173	G 173 continued: orders have been written and the Plan of Care/Recertificatoin is updated per policy (see attached policy #03.011). Each Director of Patient Services will be in-serviced on attached policy #03.011 and the policy will be reviewed annually by all Skilled Nurses. The corrected action will be monitored to ensure that all the deficient practice does not recur as follows: The Director of Patient Services will review all Recertifications/Verbal Orders every 60 days for accurancy and will update the 485/Plan of Care as needed. All Patient records will be reviewed by the Director of Patient Services prior to billing for complete accurate orders. All records will be reviewed by the Director of Patient Services Patient Care Coordinator every 60 days for complete and accurate orders at recertification. The Performance Improvement Coordinator will review at least 10 % (percent) of all records for deficiency in lack of wound care orders. If deficiencies, the subsequent with additional education to appropriate staff will be provided. All Nursing Staff will be in-serviced on policy # 03.011(see attached) by 05/24/2012.	
G 337	484.55(c) DRUG REGIMEN REVIEW The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. This STANDARD is not met as evidenced by: Based on review of facility policy, medical record review, observation and interview, it was determined the facility failed to ensure all	G 337	G 337 The deficiency will be corrected as follows: Patient #1, the MD was notified by the Skilled Nurse that the caregiver is cutting the Metoprolol ER in half every day and the medication profile in the patient's record was updated with correct medications 04/09/2012.	

(163)

PRINTED: 04/16/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	447503	A. BUILDING _____ B. WING _____	04/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREALL	901 HWY 51 SOUTH COVINGTON, TN 38019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 337	Continued From page 2 medications patients were taking were identified accurately in the medical record for 3 of 10 (Patient #1, 3 and 7) sampled patients with home visits. The findings included: 1. Review of the facility's "Medication Review" policy documented, "...The purpose of this policy is to establish guidance for medication review...Procedure...The drug profile is updated as medications are discontinued, added or changed, or at least every 60 days..." 2. The following medication discrepancies were noted during the home visit conducted on 4/9/12 at 2:15 PM for Patient #1: Metoprolol ER (extended release) 25 mg (milligram) was observed in the home but not on the Medication Profile. During an interview in the home on 4/9/12 at 3:00 PM, Patient #1's caregiver verified Metoprolol ER was given. Patient #1's caregiver stated, "...I cut that [Metoprolol ER] in half and give it every day..." During an interview in the driveway of Patient #1's home on 4/9/12 at 3:15 PM, Nurse #1 was asked when were the medications reconciled in the home. Nurse #1 stated, "...Every visit should do a medication reconcile, no, didn't check meds today [4/9/12]..." During an interview in the conference room on 4/11/12 at 9:10 AM, the Administrator was asked when should the medication profile be reconciled. The Administrator stated, "...Expect the	G 337	G 337 continued: Patient # 3, the MD was notified by the Skilled Nurse of the patient taking Fish Oil 1200 MG 1 a day and Centrum Silver 1 capsule a day and the medication profile was updated in the patient's record with these medications 04/10/2012/ Patient #7, the MD was notified by the Skilled Nurse of the patient taking 5 Filer Therapy tablets a day instead of Metamucil, the Flonase nasal spray, Claritin, Flora Q has been discontinued 04/13/2012, the medication profile was updated in the patient's record with these medications. These measures will be put in place to ensure that the deficient practice does not recur: The Skilled Nurse will be In-Serviced on polic # 03.006 Medication Review (see attached). The Skilled Nurse will be required to document on each skilled visit that medications were reviewed and the changes recorded on the visit note and on the medication profile in the patient's record 05/24/12. The corrective actions will be monitored to ensure that teh deficient practice does not recur as follows: The Director of Patient Services and or Patient Care Coordinator will review each record every 60 days to ensure that the medication profile has been updated in the patient record for any new, changed, or discontinued medications. The Performance Improvement Coordinator will review at least 10 % of patientrecords quarterly to ensure that the medications profile is accurate according to documented changes in the medications. A Quarterly onsite visit will be performed with a field RN to ensure that a medication review is being performed.	

(164)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	447503	A. BUILDING _____ B. WING _____	04/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREALL	901 HWY 51 SOUTH COVINGTON, TN 38019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 337	Continued From page 3 medication profile to be updated when a medication is changed or added then reviewed every recertification as well..." 3. The following medication discrepancies were noted during the home visit conducted on 4/10/12 at 3:00 PM for Patient #3: Fish Oil 1200 mg, One A Day, Centrum Silver were observed in the home but not on the Medication Profile. During an interview in the home on 4/10/12 at 3:00 PM, Patient #3 confirmed taking Fish Oil 1200 mg one daily, One A Day one daily, Centrum Silver one daily. During an interview in the home on 4/10/12 at 3:00 PM, Nurse #2 confirmed Fish Oil, One A Day and Centrum Silver were not on the medication profile. During an interview in the conference room on 4/10/12 at 3:45 PM, the Director of Patient Services confirmed the medication profile for Patient #3 was not updated. 4. Medical record review for Patient #7 documented the following medications on the Medication Profile: Flora Q one tablet twice a day, Metamucil 2 scoops once a day, Flonase nasal spray two spays in each nostril once a day and Claritin 10 mg one tablet once a day. Observation and review of the medications with Patient #7, during a home visit, on 4/10/12 at 10:18 AM, revealed the patient did not have Flora Q , Metamucil powder, Flonase nasal spray or Claritin tablets in her plastic medication container.	G 337	G 337 Continued All SKilled Nurses will be in-serviced on the medication review policy (#03.006) on hire and annually.	

(165)

PRINTED: 04/16/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	447503	A. BUILDING _____ B. WING _____	04/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREALL	901 HWY 51 SOUTH COVINGTON, TN 38019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 337	Continued From page 4 During an interview on 4/10/12 at 10:20 AM, Patient #7 stated, "...taking 5 fiber therapy tablet a day (observed in the medication box) instead of the Metamucil...I'm out of Flonase nasal spray, haven't used it in awhile...no I don't take Claritin...No I don't know what Flora Q is..." During an interview on 4/10/12 at 10:20 AM, the medical social worker from the agency verified the medications were on the agency list but were not found in the patient's home.	G 337		

(166)

PRINTED: 04/16/2012
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TNH159	A. BUILDING _____ B. WING _____	04/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREALL	901 HWY 51 SOUTH COVINGTON, TN 38019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 510	1200-8-26-.05 (10) Admissions, Discharge and Transfers (10) A discharge plan and summary shall be completed on each patient. This Rule is not met as evidenced by: Based on medical record review and interview, it was determined the agency failed to complete a discharge summary for 2 of 3 (Patient #18 and 19) sampled discharged patients. The findings included: 1. Medical record review for Patient #18 documented the start of care date was 6/24/11 with diagnoses of Urinary Tract Infection and Obstructive Chronic Bronchitis. Review of a physician's order dated 2/16/12 documented, "...d/c [discharge] from home health services effective 2/16/12 per pt [patient] request..." Medical record review revealed a discharge date of 2/16/12. No discharge summary was completed. 2. Medical record review for Patient #19 documented the start of care date was 1/10/12 with diagnoses of Acute Onset Chronic Heart Failure and Chronic Kidney Disease. Review of a transfer form dated 1/31/12 documented the patient had transferred to a nursing home on 1/30/12. The last home health visit was documented as 1/30/12. There was no documentation the home health agency conducted visits or called the patient from 1/30/12 - 3/19/12. Medical record review revealed a discharge date of 3/19/12. No discharge summary was completed.	H 510	H-510 The deficiency will be corrected by a discharge summary being completed on patient #18 and #19 and sent to the attending physician for signature. The nursing staff and or Director of Patient Services will complete a discharge summary on all patients discharged for the agency, according to policy # 03.007 (see attached discharge summaries) - Date: 05-24-2012 These measures will be put in place to ensure that the deficient practice does not recur: All nursing staff will be in serviced on the policy and procedure for completing a discharge summary, sending to the physician for signature, returned and placed in the medical record. (see attached policy 03.007) This education will also be provided to all nursing staff on hire. The Director of Patient Services will review all patients to be discharged from the agency for appropriateness and that the discharge summary has been completed and sent to the physician for signature. Date: 05-24-2012 This corrective action will be monitored to ensure that the deficient practice does not recur by: All discharge records will be reviewed by the Director of Patient Services at the time of discharge to ensure that the patient has been appropriately discharged, that the physician has been consulted, that a discharge summary has been written and sent to the physician for signature, and that it is returned to the agency and incorporated in the patient's medical record per Policy # 03.007. The Performance Improvement Director will review 10% of the agency records quarterly, one half of which will be discharge	

Division of Health Care Facilities

Melissa C. Parish RN, Administrator — TITLE — 4-27-12 (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(167)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TNH159	A. BUILDING _____ B. WING _____	04/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREALL	901 HWY 51 SOUTH COVINGTON, TN 38019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 510	Continued From page 1 During an interview in the conference room on 4/11/12 at 11:45 AM, the Director of Clinical Regulatory Regional Operations confirmed there was no documentation of a discharge summary for Patient #18 and 19.	H 510	H-510 Continued: charts. The discharged charts will be reviewed for appropriateness of discharge and if the discharge summary has been completed and sent to the physician for signature. The record will also be checked to make sure the discharge summary has been returned by the physician and incorporated in the medical record. If deficiencies are found with these audits then further education on policy #03.006 will be provided to the nursing staff and corrections made to the record. Date: 05-24-2012	

(168)

Back to Top

Policy Description:	Number:
MEDICATION REVIEW	**03.006**

PURPOSE:

The purpose of this policy is to establish guidance for medication review.

MEDICATION REVIEW:

The comprehensive patient assessment performed by Agency professionals will include a review of the patient's drug regimen in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects and drug interactions, duplicate drug therapy and noncompliance with drug therapy.

- Professionals will monitor the medications of each patient for medication effectiveness and actual or potential medication-related problems.
- Professionals will check all medications to identify possible ineffective drug therapy or adverse reactions and significant side effects or drug interactions.
- Professionals will notify the physician promptly of any problems noted.
- Professionals will collaborate with the physician and pharmacist as appropriate for medication monitoring.
- Professionals will use the results of ongoing medication monitoring to evaluate the patient's compliance with prescribed therapy and to identify any complications or problems related to the therapy.
- Professionals will communicate the findings of patient medication monitoring to other appropriate professionals involved in the patient's care.
- Professionals will maintain a current medication profile of the patient's current medication therapy.
- The professional will obtain a medication and drug use history upon admission, as applicable and available.
- All known over-the-counter medications taken on a PRN basis and all routine medications will be listed on the drug profile and/or on physician's order at the time of the patient's admission to the Agency in order to identify drug interactions and side effects.
- Patients who are only receiving therapy services will have a drug profile that will include the medications being taken at the time of the admission, the dosage, frequency and route of administration. The therapist will review all medications to ascertain the need for a more in-depth review by the nurse. The medications will be listed on the plan of care. The medications will be updated at least once every 60 days. This policy for therapy monitoring and review also applies when nursing begins treating the patient, but discharges the patient before therapy goals are completed.
- A notation may be made on the skilled nursing visit note, as well. If the patient is recertified, all new and changed medications will be included in the updated plan of care.
- The nurse will instruct the patient on appropriate medication reactions and side effects. Instructions will also be included for appropriate modifications in diet. For medications such as inhalation treatments, infusion therapy and insulin mixing, the nurse will instruct the patient in

Back to Top

Policy Description:	Number:
MEDICATION REVIEW	**03.006**

proper conditions for preparing such medications. The nurse will also instruct the patient regarding medications that require special conditions for storage to ensure stability, such as storing nitroglycerin in a brown bottle and out of the heat.

PROCEDURE:

1. When the patient is admitted to the Agency, the professional takes a medication history and obtains an accurate list of all prescribed and over-the-counter medications being taken regularly and on a PRN basis by the patient. All medications are listed on the drug profile. The original drug profile is maintained in the Medical Record. The drug profile is updated as medications are discontinued, added or changed, or at least once every 60 days.
2. When verbal medication orders are given to a licensed nurse or therapist, a supplemental order will be written and sent to the physician for verification/signature. All other medication changes noted in the home, whether over-the-counter or prescription will be verified by the physician and/or documented in the medical record.
3. The professional reviews all medications being taken for ineffectiveness, adverse reactions, significant side effects, drug allergies and inaccurate or incorrect instructions or dosages. Any problems are reported to the physician. Any inaccuracies are clarified with the physician and/or pharmacist.
4. The professional notes the classification of each medication on the drug profile. If a medication is unknown and not listed in the current *Physicians' Desk Reference* (PDR) or other authoritative drug reference, the professional may call the pharmacist for written literature on the medication.
5. The professional monitors the patient for medication effectiveness, compliance with regimen and any complications or problems related to the therapy. Any discrepancies or problems are documented in the visit note. Problems are communicated to the physicians and/or pharmacists.
6. As appropriate, the professional notifies other professionals involved in the patient's care of any problems or findings related to medication monitoring.

Back to Top

Policy Description:	Number:
DISCHARGE AND TRANSFER	**03.007**

PURPOSE:

The purpose of this policy is to establish the Agency's guidelines on discharge and transfer.

DISCHARGE:

Reasons for termination of service by the Agency include the following:

- The treatment objectives are attained or are not attainable.
- The patient no longer requires skilled care and/or services.
- The patient's therapy has been completed but patient continues to require health care through another agency/facility.
- The range of patient needs cannot be met by the patient or family, even with part-time intermittent care from Agency personnel.
- The patient's life situation is not conducive to providing for his maintenance and supervision.
- Services can no longer be provided safely and/or effectively in the patient's place of residence.
- A change in the patient's condition requires care or services other than those provided by the Agency.
- Another person (i.e., family member) is available to provide the required service.
- The patient and/or his family refuse to cooperate in attaining treatment objectives.
- The patient refuses to follow the physician's prescribed plan of treatment.
- The patient and/or his family fail to provide a safe working environment.
- There is no one available in the home to give necessary care to the patient between visits from Agency personnel.
- The patient moves from the geographic area served by the Agency.
- The physician fails to renew his orders as required by law or the patient changes his physician and orders cannot be obtained from the new physician.
- The physician gives orders which are not consistent with the stated diagnosis, as required by law, and fails upon Agency request to give the needed orders.
- The Agency is closing out a particular service or all of its services.
- The patient expires.
- The patient, family or physician requests discharge/transfer.
- The patient is transferred to an ICF, nursing home or another health care agency/facility.
- The patient is in an inpatient facility at time of recertification.
- The intermediary or MCO (managed care organization) notifies the Agency, that the services provided no longer qualifies for coverage.
- The patient's source of payment has changed i.e., Medicare to Medicaid, etc.

Back to Top

Policy Description:	Number:
DISCHARGE AND TRANSFER	03.007

COPY-
SUPPLEMENTAL-1

CareAll Homecare Services

CN1312-049

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

Certificate of Need Application

Professional Home Health Care, LLC D/B/A

CareAll Homecare Services

Additional information

December 23, 2013

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

Responses to the December 19, 2013 supplemental information request.

1. *Section A, Applicant Profile, Item 5*
   Your response is noted. The management agreement filed expired December 31, 2009. Please submit a current management agreement.
   Response: *See attached current management agreement.*

2. *Section A, Applicant Profile, Item 13*
   Are there any TennCare MCO's in the service of which the applicant does not contract? If yes, please identify the MCOs and explain why the applicant is not contracted.
   Response: We have no contract at this time with United Health Care (Americhoice). We provided services through a provider contract with United Health Care until December 31, 2009 when the MCO terminated our contract. The reason for termination was stated to be "limiting the provider network". We have attempted on two separate occasions since the termination to contract again with United Health Care. Each time our application was approved in credentialing but then refused at the corporate level. We intend to meet with the united Health Care representatives now that they have been awarded the TennCare contract again to negotiate a contract to provide these services.

3. *Section B, Project description, Item 2 A*
   Assuming the proposed project is approved, please discuss the location of the home office, the location of each branch office (city and county), and the counties that will be covered by each office.
   Response: The Brownsville home office location in Haywood County will directly provide home health services to Haywood County and the bordering areas of Hardeman, Madison, Fayette and Tipton counties. The Ripley branch office located in Lauderdale County will provide home health services to patients in Lauderdale and Tipton County as well as the bordering area of Dyer County. The Alamo branch office located in Crockett County will provide home health services to Crockett and Madison counties as well as the bordering areas of Gibson and Haywood County. The Henderson branch office located in Chester County will serve home health patients in Fayette, Hardeman, McNairy, Chester and Henderson counties as well as the bordering areas of Hardin and Decatur counties.

The branch office in Jackson located in Madison county serves Private Duty and Choices patients in Fayette, Hardeman, McNairy, Hardin, Decatur, Henderson, Chester, and Madison counties. The Private Duty division of the Brownsville office serves Private Duty and Choices patients in the counties of Haywood, Tipton, Lauderdale, Crockett and the bordering areas of Dyer and Gibson counties. Professional Home health Care, LLC currently has no patients at this time in the service areas of Carroll, Benton, Henry, Weakley, and Obion counties.

4. Section B, Project Description, Item 2 D

A. Please discuss each individual cost savings item and display how the cost savings total up to $245,544.

Response: The cost savings of $245,544 was derived from:
1. The elimination of the physical location in Covington providing an annual savings of $15,330 in plant operations. 2. The elimination of two staff positions in the Covington location including the Director of Patient Services and the Office Coordinator totaling a savings of $77,050 annually.
3. Annual administrative costs including management services, worker's compensation and insurance fees on the employee positions eliminated, phone service, and miscellaneous incidental cost to the operation of Covington totaling an annual savings of $168,494.

B. Including the reduction in the wage index, what does the applicant estimate for annual decline in revenues?

Response: We have provided revenue history and projections. Professional Home Health Care, LLC's business is approximately 60% Home Health and 40% Private Duty. The most significant portion of the Home Health business is Medicare and/or Medicare Advantage. Professional also serves multiple CBSA's in the West Tennessee area which of course, payment is based on where the beneficiary is served. The CMS final rule for home health agency payments for 2014 presents a net decrease in overall home health payments of 1.05%. Professional's decrease may be slightly higher as most Tennessee Urban CBSA's saw 3-5% decreases in Wage Index factors. As a vast majority of the service area is rural and the Wage Index value stayed level 2013 vs 2014, we are not projecting significant variances from CMS' net 1.05% as published. We do continue to feel the impact of the Government

Sequestration of 2%. The continued reduction in payment rates, which have occurred since 2010, the sequestration and other factors help explain the logic behind the request to move the parent office from Covington, Tipton County, to Brownsville, Haywood County.

C. *Does the applicant project an increase, decline, or status quo regarding patient volume?*

Response: Since July 2013 the applicant has experienced a significant decrease in patient volume. This has occurred as part of an overall restructure of operations. We anticipate servicing beneficiaries at current levels into the 2nd quarter of 2014. Expectations once the restructure is complete are to strategically progress toward expanding services in both the home health and private duty operations, to include all payer types, Medicare, Medicare Advantage, TennCare, private insurance and private pay.

5. *Section C, Need, Item 1.a (Project Specific Criteria-Construction Renovation, Expansion, & Replacement of Health Care Institutions) (Item 2.a. and 2.b.)*
Please provide responses to Criteria items 2.a. and 2.b. on page 23 of the "Guidelines for Growth".
2. for relocation or replacement of an existing licensed health care institution:

a. *The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.*

Response: The cost of the relocation was outlined in the Project Cost Chart including $2,500 for preparation and cost related to the filing of the CON application, $7,000 for the cost of moving furniture out of the Covington location and miscellaneous organizational cost of relocating the operations to other locations. The $46,800 is the annual cost of the new principle location in Brownsville, Haywood County. These cost total $56,300 and with the $3,000 filing fee total, brings the total project cost to $59,300. The strength of this project is the cost savings that the closing of the Covington location will provide, the improved access to the branch location and the agency's service area in relation to the new principle location, and the provision that the project provides closer access to a larger percentage of the Agency's patient population as

discussed in Section B, Project Description, Item 1. At this time no weaknesses of this alternative have been identified.

b. *The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.*
Response: With the CMS proposed 1.05% net reduction in reimbursement to home health in 2014, the annual cost reduction of closing the Covington location and the reorganization of Brownsville as the principle location demonstrates that there is an acceptable existing or projected future demand for the proposed project.

6. *Section C, Need, Item 3 (Service Area)*
Your response to this item is noted. Please submit a revised map that identifies all the counties in Tennessee and clearly identifies the service area counties.
Response: See attached map.

7. *Section C, Need item 4. (Service Area Demographics)*
Please complete the following chart.
Response: See attached chart.

8. Section C, Need, Item 5 (Service Area Utilization)
Please complete the following Chart for home health agencies that serve one or more of your service area counties.
Response: See attached charts.
Please complete the following chart for your service area counties.
Response: See attached chart.

9. *Section C, Need, Item 6.(Applicant's Historical and Projected Utilization)*
Your response to this item is noted. Please complete the following charts:
Response: See attached charts.
It appears that the applicant is projecting an approximate 50% decline in visits between 2010 (85,421) and 2016(42,236). Please discuss the reasons for this expected decline.
Response: As discussed earlier, since July 2013 the applicant has experienced a significant decrease in patient volume thus resulting in a significant decrease in visit volume. This has occurred as part of an overall

restructure of operations. We anticipate that the current levels of visits will continue into the 2nd quarter of 2014. Expectation once the restructure is complete are to strategically progress toward expanding services in both the home health and private duty operations, to include all payer types, Medicare, Medicare Advantage, TennCare, private insurance, and private pay.

10. *Section C. Economic feasibility item 4. (Historical Data Chart and Projected Data Chart)*
The HSDA is utilizing more detailed historical and projected Data charts. Please complete the revised information Historical and Projected Data Charts provided at the end of this request for supplemental information.
Response: See attached revised Charts.

11. *Section C. Economic Feasibility Item 5*
Your response is noted. Using data from the Projected Data Chart please provide the projected average gross charge per patient/visit, projected deduction from revenue per patient/visit, and the projected net charge per patient/visit.
Response: We bill at net rates, so we will not have gross charge per visit or deduction from revenue per visit. The projected average net charge per visit for 2015 and 2016 is $162 per visit. Note that projected net operating revenue for 2015 and 2016 on the projected data chart includes both home health and private duty net charges, and historically the mix has been 60% home health and 40 % private duty. The calculation of projected average net charge per visit is total net operating revenue at 60% divided by projected visits, or $162 per visit.

12. *Section C. Economic Feasibility Item 10*
Please provide the most recent audited financial statements with accompanying notes, if available.
Response: The financial statements are compiled internally, and are unaudited.

13. Section C, Contribution to Orderly Development, Item 3
It appears the applicant wages for Administrator, Director of Patient Services, and Office Coordinators are significantly less than the average

annual wage in the service area. Does the applicant have difficulty recruiting for these three types of positions?

Response: The Board of Directors along with management, as part of the company restructure since July 2013, have taken steps to address employee retention and recruiting. Wages for positions identified, Administrator, Director of Patient Services and Office Coordinator under revised structure are competitive in the local market. Recruiting in rural markets is challenging for most all positions, however the applicant has been successful in recruiting and hiring for these positions.

Is the applicant's salary for Field PT $166,675?

Response: The field therapist is paid on a per visit basis. Total earnings accordingly are based on productivity.

14. *Proof of Publication*

Please submit a copy of the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent.

Response: See attached affidavit of Publication from the Jackson Sun.

15. *Project Completion Forecast Chart (PCFC)*

This application will not be heard by the Agency any sooner than February 26, 2014. Please put this date in the "initial Decision date" line and please show on line 11 of the resubmitted revised PCFC when the applicant plans to finalize the relocation of the home health agency's parent office and on line 13 when the Final Project Report Form is intended to be filed with the HSDA.

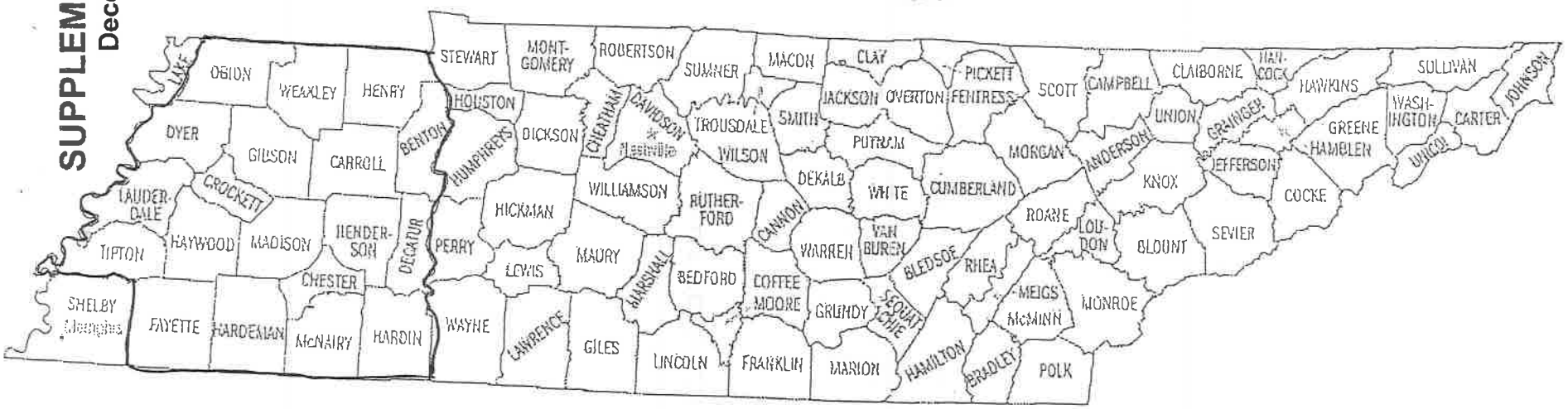
Response: Please see revised Project Completion Forecast Chart.

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

Attachment, Item 6- Section C, Need, Item 3
Service Area Map

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

Professional Home Health Care, LLC
D/B/A Care All Homecare Services



120

Service Area

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

Attachment, Item 7, Section C, Need, Item 4
Service Area Demographic Chart

SUPPLEMENTAL #2
December 30, 2013
11:14 am

7. Section C, Need, Item 4. (Service Area Demographics)

Please complete the following chart.

Demographic Data	19 County Service Area Total	State of TN Total
Total 2014 Population	423,211	6,588,698
Total 2018 Population	636,474	6,833,509
2014-2018 Population % Change	+2%	+3%
Age 65+ Pop. - 2014	106,247	981,984
Age 65 Pop.+ - 2018	115,225	1,102,413
Age 65+ Population % Change	7% increase	10.9% increase
Age 65+ Population % of Total Population	2014- 17% 2018- 18%	2014 - 15% 2018- 16%
Median Household Income (Range)	31,099	42,453
TennCare Enrollees	114,430	1,203,220
TennCare Enrollees as % of Total Population	18%	18%
Persons Below Poverty Level	117,242.82	1,097,561.30
% of Total Population below Poverty Level	19%	17%

2013 revised Health Statistics

Attachment, Item 8, Section C, Need, Item 5
Service Area utilization Chart
other Home Health Agencies

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

Agency	Base County	# of Service Area Counties Served	2010 Patients	2011 Patients	2012 Patients	'10-'12 % change
Tennessee Quality Homecare – Northwest	Benton	9	1,164	1,129	1,128	-3%
Baptist Memorial Home Care & Hospice	Carroll	10	245	235	213	-13%
Elk Valley Health Services, Inc.	Davidson	19	547	250	245	-55%
Home Care Solutions, Inc.	Davidson	19	2,140	2,192	2,080	-2%
Tennessee Quality Homecare – Southwest	Decatur	7	1,352	1,352	1,082	-19%
Volunteer Homecare of West Tennessee	Decatur	7	1,401	1,598	1,503	+6%
Regional Home Care – Dyersburg	Dyer	5	655	744	814	+19%
NHC Homecare	Fayette	7	254	254	217	-14%
Where the Heart Is	Fayette	2	34	253	271	+879%
NHC Homecare	Gibson	12	546	479	625	+12%
Volunteer Home Care, Inc.	Gibson	10	2,443	2,549	3,027	+19%
Amedisys Home Health	Hamilton	2	2,907	3,358	3,343	+13%
Deaconess Homecare II	Hardin	8	1,124	1,213	1,244	+9%
Hardin Medical Center Home Health	Hardin	4	308	252	274	-11%
Regional Home Care – Lexington	Henderson	12	683	578	616	-9%
Henry Co. Medical Center Home Health	Henry	4	474	355	399	-15%
St. Thomas Home Health (fka Hickman Community Home Care, Inc.)	Hickman	0	154	146	134	-12%
Amedisys Home Health Care	Madison	19	1,296	2,489	2,586	+99%
Extendicare Home Health of West Tennessee	Madison	19	1,015	962	993	-2%
Intrepid USA Healthcare Services	Madison	14	210	294	86	-60%
Medical Center Home Health	Madison	15	1,329	1,463	1,617	+17%
Regional Home Care – Jackson	Madison	19	969	1,206	1,061	-8%
Careall Homecare Services	Maury	3	354	285	224	-36%
NHC Homecare	Maury	1	2,150	2,212	2,134	-1%

Extendicare Home Health of Western Tennessee	Obion	4	499	398	347	+30%
Magnolia Regional Health Care Home Hospice	Other (Corinth, MS)	2	26	39	53	+51%
Regional Home Care Parkway	Other (Fulton, KY)	2	23	14	14	+39%
Accredo Health Group, Inc.	Shelby	4	7	9	14	+7%
Alere Women's and Children's Health, LLC	Shelby	14	491	357	401	-18%
Amedisys Home Care (fka Tender Loving Care)	Shelby	2	789	882	938	+15%
Amedisys Home Health Care	Shelby	2	567	576	683	+16%
Amedisys Tennessee, LLC	Shelby	3	2,344	2,411	1,806	-22%
Americare Home Health Agency, Inc.	Shelby	0	1,097	1,324	1,727	+36%
Baptist Trinity Home Care	Shelby	2	3,314	3,248	3,367	-2%
Baptist Trinity Home Care – Private Duty	Shelby	0	1	1	1	—
Best Nurses, Inc.	Shelby	2	41	311	366	+88%
Extended Health Care, Inc. (fka Elder Care, Inc.)	Shelby	5	421	780	341	-19%
Family Home Health Agency	Shelby	1	1,070	375	863	-19%
Functional Independence Home Care, Inc.	Shelby	2	903	729	804	-10%
Home Health Care of West Tennessee, Inc.	Shelby	3	1,617	1,308	1,118	-30%
Homechoice Health Services	Shelby	5	2,963	2,887	1,788	-39%
Interim Healthcare of Memphis, Inc.	Shelby	2	727	720	689	+18%
Intrepid USA Healthcare Services	Shelby	2	537	662	615	+12%
Maxim Healthcare Services, Inc.	Shelby	4	82	103	197	+58%
Methodist Alliance Home Care	Shelby	6	3,352	3,226	3,180	-5%
No Place Like Home, Inc.	Shelby	2	48	38	55	+13%
Willowbrook Visiting Nurse Association	Shelby	3	451	473	533	+15%
Baptist Home Care & Hospice -- Covington	Tipton	4	330	326	361	+8%
Careall Homecare Services	Tipton	19	1,424	1,491	1,103	-22%
Careall Homecare Services	Weakley	8	1,902	1,903	2,668	+28%

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

Attachment, Item 8, Section C, Need, Item 5
Service Area Utilization Chart
Applicant's Agency

Please complete the following chart for your service area counties

Total Home Health Patients Trends by County of Residence

County	*2010 JAR Total residents served	*2011 JAR Total residents served	*2012 JAR Total residents served	'10-'12 % change
Benton	646	547	680	+ 5%
Carroll	1063	1,119	1224	+13%
Chester	491	490	565	+ 13%
Crockett	494	504	486	- 1%
Decatur	681	721	545	+ 7%
Dyer	1511	1,564	1,828	+ 17%
Fayette	765	766	631	- 17%
Gibson	1,864	1,885	1961	+ 5%
Hardeman	856	797	804	- 5%
Hardin	940	1,012	1,035	+ 9%
Haywood	688	763	626	- 9%
Henderson	1,050	1054	1055	+ .4%
Henry	1110	1,050	1262	+ 12%
Lauderdale	980	934	793	- 20%
McNairy	1,040	1066	1038	- .1%
Madison	2,780	2979	3049	+ 8%
Obion	1,168	1,199	1400	+ 16%
Tipton	1,282	1,288	1067	+ 16%
Weakley	1,115	1,143	1241	- 10%
TOTAL	20,524	20,931	21,139	+ 3%

**Data available in Summary JAR Report-Report 6*

9. **Section C, Need, Item 6. (Applicant's Historical and Projected Utilization)**

Your response to this item is noted. Please complete the following charts:

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

Attachment, Item 9, Section C, Need, Item 6
Applicant's Historical and Projected Utilization Chart

County	2010 JAR Total patients served	2011 JAR Total patients served	2012 JAR Total patients served	2013 Total Projected Patients Served	2014 Total Projected Patients Served	2015 Total Projected Patients Served	2016 Total Projected Patients Served
Benton	0	1	0	0	0	0	0
Carroll	0	2	0	0	0	0	0
Chester	131	124	90	110	124	112	118
Crockett	193	193	173	163	118	107	112
Decatur	3	3	3	7	10	9	10
Dyer	10	7	9	2	0	0	0
Fayette	7	7	11	12	10	9	10
Gibson	52	54	46	82	84	76	80
Hardeman	148	153	160	172	156	141	148
Hardin	53	64	75	62	6	5	6
Haywood	247	285	233	257	252	227	238
Henderson	30	31	37	39	59	53	56
Henry	0	0	0	0	0	0	0
Lauderdale	225	226	202	233	235	212	223
McNairy	39	33	29	45	59	53	56
Madison	188	221	218	249	283	255	268
Obion	0	0	0	0	0	0	0
Tipton	98	87	75	127	112	101	106
Weakley	0	0	0	0	0	0	0
TOTAL	1,424	1491	1361	1560	1,508	1360	1431

County	2010 JAR Total Visits	2011 JAR Total Visits	2012 JAR Total Visits	2013 Total Projected Visits	2014 Total Projected Visits	2015 Total Projected Visits	2016 Total Projected Visits
Benton							
Carroll							
Chester							
Crockett							
Decatur							
Dyer							
Fayette							
Gibson							
Hardeman							
Hardin							
Haywood							
Henderson							
Henry							
Lauderdale							
McNairy							
Madison							
Obion							
Tipton							
Weakley							
TOTAL							

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

Attachment, Item 14 –Proof of Publication
Affidavit of Publication

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

0101703740

Affidavit of Publications

Newspaper: Jackson Sun 7 Dav

State Of Tennessee

TEAR SHEET ATTACHED

Account Number: 301106JS
Advertiser: CAREALL HOMECARE SERVICES

RE: NOTIFICATION OF INTENT

I, V Perry **Sales Assistant** for the above mentioned newspaper, hereby certify that the attached advertisement appeared in said newspaper on the following dates:

12/9/2013 V Perry

Subscribed and sworn to me this 12 day of Dec., 2013

Lela Bates
NOTARY PUBLIC

LELA BATES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5/5/15

132

SUPPLEMENTAL- # 1
December 27, 2013
9:45am

TODAY'S CROSSWORD PUZZLE

Sponsored by West Tennessee Healthcare www.wth.org

ACROSS

1 Fuji's locale
5 Cronies
10 Vindictive goddess
14 Town near Madrid
15 Jordan neighbor
16 Skip
17 Generous one
18 "Swan Lake" garb
19 Evaluate
20 Make certain
22 Speculate
24 Priest's vestment
26 Without effort
27 Martial art
31 DA's degree
32 Toughen up
33 Bull-riding event
36 Feminine principle
39 Flee
40 Disconnected
41 Go to earth
42 FCA products
43 Register for
44 Some are false
45 Refrain syllables
46 With least slack
48 Evening party
51 — Kippur
52 Violent reaction
54 Chocolate treats
59 Post-kindergarten
60 1917 abdicator
62 Because of (2 wds.)
63 Any minute
64 Icicle locale
65 Shell and Khayyam
66 Hidden obstacle
67 Old bark
68 Bard's teen

DOWN

1 Green gemstone
2 Home-products brand
3 Defeats a wrestler
4 Felipe or Matty
5 Tell a story
6 Cherry seed
7 In — — (stuck)
8 Wood turner's machine
9 Informed on
10 Simply awful
11 Click "send" (hyph.)
12 Posh
13 Fit to —
21 Windy City trains
23 Peace Prize city
25 Beyond well-done
27 Dump abruptly
28 Prof's place
29 Projects
30 Fury
34 Poetic place
35 Pool or rice wine
36 "Holy cow!"
37 March 15, in Rome
38 Wildlife shelter
40 Removed from office
41 Sizzling
43 Tarzan's title
44 Cigar box
45 To one's —
47 Slangy approval (hyph.)
48 Drawing room
49 Lorena of golf
50 Writing assignment
52 Porgy's love
53 Be an owner
55 Type of wrestling
56 Tailor's concern
57 Raison d' —
58 Not bad (hyph.)
61 Crayola choice

PREVIOUS PUZZLE SOLVED

WAFT SCAB MGR
OREO HAVOC CURE
ELLA OMEGA ELAN
SOLDER RUDIMENT
SATIRE
MPG RIMS TANGLE
ELF PEONS STOP
DASH STOIC SICS
INTEL EUROS MAO
ASSAIL TENSE ELM
READ SOTS
FIXTURES ESCAPE
OGRE VEINS OMIT
ROAN ARGOT TACO
DRY ENDS THAN

12-9-13 © 2013 UFS, Dist. by Univ. Uclick for UFS

Want more puzzles? Check out the "Just Right Crossword Puzzles" books at QuillDriverBooks.com

Play online at jacksonsun.com/crossword

4099

Public Notices

0001702471
SUBSTITUTE TRUSTEE'S SALE

Sale at public auction will be on January 9, 2014 at 10:00AM local time, at the north entrance of the Madison County Courthouse, 100 E Main Street, Jackson, TN 38301, conducted by Shapiro & Kirsch, LLP Substitute Trustee, pursuant to Deed of Trust executed by Patricia Hunt, his wife and Johnny W. Hunt, to Randall Ray, Trustee, on April 20, 2000 at Book 1124, Page 710; all of record in the Madison County Register's Office.

Party entitled to enforce security interest: Bank of America, National Association as successor by merger to LaSalle Bank National Association ("Assignee"), formerly known as LaSalle National Bank, in its capacity as Indenture Trustee under that certain Sale and Servicing Agreement dated June 1, 2000 among AFC Trust Series 2000-2, as Issuer, Superior Bank FSB, as Seller and Servicer, and LaSalle Bank National Association, as Indenture Trustee, AFC Mortgage Loan Asset Backed Notes, Series 2000-2, and any amendments thereto, its successors and assigns

The following real estate located in Madison County, Tennessee, will be sold to the highest call bidder subject to all unpaid taxes, prior liens and encumbrances of record:

BEGINNING at a point in the north margin of Brooks Drive, said point is the southwest corner of Lot No. 4 of the Forest Hills Subdivision as recorded in Plat Book 2, Page 155 in the Register's Office of Madison County, Tennessee; thence North 2 degrees East with the west line of Lot No. 4 a distance of 120 feet to a point; thence North 88 degrees West a distance of 122 feet to a point the northeast corner of Lot No. 2; thence South 25 degrees East with the east line of Lot No. 2 a distance of 116.8 feet to the north margin of Brooks Drive; thence easterly with the north margin of Brooks Drive a distance of 71 feet to the point of beginning. Being Lot No. 3 of the aforesaid platted Subdivision. This description was written from the recorded plat. Survey by McRae Engineering, Inc., License No. 430532-347

Street Address: 29 North Brooks Drive, Jackson, Tennessee 38301

Secondary Property Address: 29 Brooks Drive, Jackson, TN 38301

Parcel Number: 078C D 008.00

Current Owner(s) of Property: Johnny W. Hunt and wife, Patricia Hunt, as tenants by the entirety

The street address of the above described property is believed to be 29 North Brooks Drive, Jackson, Tennessee 38301, but such address is not part of the legal description of the property sold herein and in the event of any discrepancy, the legal description referenced herein shall control.

SALE IS SUBJECT TO TENANT(S) RIGHTS IN POSSESSION.

All right of equity of redemption, statutory and otherwise, and homestead are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

If you purchase a property at the foreclosure sale, the entire purchase price is due and payable at the conclusion of the auction in the form of a certified/bank check made payable to Shapiro & Kirsch, LLP. No personal checks will be accepted. To this end, you must bring sufficient funds to outbid the lender and any other bidders. Insufficient funds will not be accepted. Amounts received in excess of the winning bid will be refunded to the successful purchaser at the time the foreclosure deed is delivered.

This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trustee. This sale may be rescinded at any time.

Shapiro & Kirsch, LLP Substitute Trustee
www.auction.com
Law Office of Shapiro & Kirsch, LLP
555 Perkins Road Extended, Second Floor
Memphis, TN 38117
Phone (901)767-5566
Fax (901)761-5690
File No. 13-054357

NOTIFICATION OF INTENT
TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that: Professional Home Health Care, LLC D/B/A CareAll Homecare Home Health Agency owned by: CareAll, LLC with an ownership type of a Limited Liability Company and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for: The relocation of its principle office from 901 Highway 51 South, Covington, Tipton County, Tennessee to the current location of its Brownsville branch office, 1151 Tamarbell Street, Brownsville, Haywood County, Tennessee.

Professional Home Health Care, LLC is licensed to serve Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley counties. Existing home care services will not be affected, and no service will be initiated or discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. Anticipated cost $59,300.

The anticipated date of filing the application is: December 13, 2013. The contact person for the project is Mary Ellen Foley, Project Director who may be reached at: CareAll Management, LLC, 326 Welch Road, Nashville, Tennessee, 37211. 615-331-6137.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

The published Letter of Intent must contain the following statement pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

THE ACES ON BRIDGE

Bobby Wolff

"The guardian spirit of the place she seemed, and I some ghost forlorn, surprised by the unfriendly morn she made with her resplendent face."
— Ambrose Bierce

In today's deal, South plays in four hearts after West has opened one diamond. West's opening lead is the diamond queen. How should you plan the play, seeing just the North and South cards?

One declarer won the diamond lead, drew trump, and exited with king and another diamond, hoping to endplay West. This line would have been successful had diamonds broken 5-2, or had East been unable to beat dummy's diamond spot. Alas for South, East's possession of the diamond 10 meant that he could win the trick. He played a spade through, and declarer had to go down, eventually losing two spades, a diamond and one club.

Better is to endplay West to give you a trick in the black suits. You cannot avoid a diamond loser, but losing the trick to West is very much in your interest. The way to do that is to duck the first diamond, then win the diamond continuation, draw trump, and take the club finesse.

Next, you cash all your minor-suit winners and exit with the club ace and another club, knowing that West will win. That player is forced to lead a spade, whereupon all your worries are over, or he has to give you a ruff-sluff. If he does that, you pitch a spade from hand while ruffing in dummy.

Of course, if diamonds break 6-1 and West had the doubleton or singleton club king, you would have to prepare your own excuses — or blame me. My shoulders are broad.

NORTH
♠ 7 6 5
♥ K Q 8 2
♦ A 9 2
♣ A J 5

WEST
♠ A Q 10
♥ 7 3
♦ Q J 7 5
♣ K 10 6 3

EAST
♠ J 9 8 3 2
♥ 4 2
♦ 10 8 3
♣ 9 7 4

SOUTH
♠ K 4
♥ A J 10 9 6
♦ K 6 4
♣ Q 8 2

Vulnerable: East-West
Dealer: West

The bidding:

South	West	North	East
	1♦	Dbl.	Pass
4♥	All pass		

Opening Lead: Diamond queen

LEAD WITH THE ACES

South holds:
♠ K 9 3 2
♥ A 10 7 5 4
♦ K J
♣ J 8

South	West	North	East
1♥	Dbl.	Pass	1 NT
All pass			

ANSWER: Partner's failure to support hearts means he is probably short in the suit. That doesn't in and of itself mean the lead will cost a trick though — and it may be that the trick will come back one way or another. The other choice is to lead a spade, but here the risk of losing a trick with no return is too high. On balance, I will lead a heart. But you could certainly tempt me to lead a club if my holding were J-10.

Sponsored by West Tennessee Healthcare www.wth.org

WONDERWORD

By DAVID OUELLET

HOW TO PLAY: All the words listed below appear in the puzzle — horizontally, vertically, diagonally, even backward. Find them and CIRCLE THEIR LETTERS ONLY. DO NOT CIRCLE THE WORD. The leftover letters spell the Wonderword.

APPSCRIPTIONS   Solution: 10 letters

S C E H A N T I B S T S E T O
D G O G T T R O P E R S P D N
S E N M A N I O E B E E A O L
R E T U P M O C E O N N I C I
O E E E L L I M K D D T N T N
S G L T N V I A E Y I I I O E
N N B P R T D A G D S F T R G
E I I E P V I O N S I E R N P
S N S M I A L O E C Y C I E L
T I S C P O C N N R E R I C E
E M C K N R L M A N A G E N H
L A C H I L O I R E M O T E E
B X C S E N D V H S M R A L A
A E A W A R E N E S S Y A D R
T N E M T A E R T R A C K S T

© 2013 Universal Uclick www.wonderword.com Join us on Facebook 12/9

Accessible, Advice, Alarms, Apple, Awareness, Body, Compliance, Computer, Condition, Days, Detection, Diary, Doctor, Examining, Fitness, Free, Hearing, Heart, Help, Image, Improve, Keep, Lungs, Manage, Medicine, Month, Note, Online, Pain, Remote, Report, Send, Sensors, Service, Skin, Tablets, Technology, Tests, Tracks, Treatment, Trend, Wellness

Last Saturday's Answer: Broadcasting

To purchase WONDERWORD books, visit wonderword.universaluclick.com or call 1-800-642-6480.

Sponsored by West Tennessee Healthcare www.wth.org

60

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Weakley

NAME OF FACILITY: Professional Home Health Care, LLC D/B/A Care All Homecare Services

I, Mary Ellen Foley, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Mary Ellen Foley
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 23rd day of December, 2013, witness my hand at office in the County of Weakley, State of Tennessee.

Tammy Marie Hazlewood
NOTARY PUBLIC

My commission expires May 24, 2017.

TAMMY MARIE HAZLEWOOD
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WEAKLEY
My Commission Expires May 24, 2017

HF-0043

Revised 7/02

SUPPLEMENTAL - #2
-COPY-

Professional Home Health Care
d/b/a CareAll Homecare Services

CN1312-049

SUPPLEMENTAL #2
December 30, 2013
11:14 am

Requested Additional information, CON Application, Professional Home Health Care, LLC D/B/A CareAll Homecare Services

1. *Section B, Project Description, item IID*
   Please explain what a CBSA is.
   Response: See attached description of a Core Based Statistical Area.

2. *Section C, Need, item 4.(Service area demographics)*
   Your response to this item is noted. It appears you have used the 2008 revision to population projections that is based on the 2000 census. The Department of Health, Division of Health Statistics now has a 2013 revision based on 2010 Census. Please contact the Department of Health, Division of Health Statistics for these updated projections.
   Response: See attached revised chart using the 2013 revision from the Division of Health statistics.

3. Section C, need, Item 6. (Applicant's Historical and Projected Utilization)
   With respect to the applicant's chart of patients by county, for 2012 the applicant has displayed 160 patients for Hardeman and 202 patients for Lauderdale; however the applicant's JAR displays 48 patients for Hardeman and 56 patients for Lauderdale. Please address the discrepancy.
   Response: In preparing this report, the submitted JAR reports were reviewed and these two errors were found. I rechecked the patient totals with our records and corrected the patient totals in this report.

4. *Section C, Economic feasibility, Item 4. (Historical Data Chart)*
   There appears to be a calculation error in the year 2012 column. Please make the necessary corrections and submit a revised Historical Data Chart.
   Response: See revised chart.

SUPPLEMENTAL #2
December 30, 2013
11:14 am

Attachment Section B, Project Description, Item IID

CBSA Description

Core Based Statistical Area

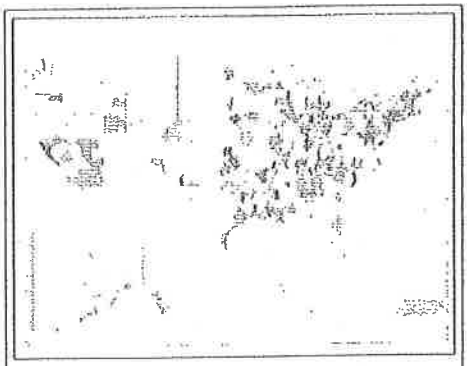
From Wikipedia, the free encyclopedia

See also: List of United States core based statistical areas

A **Core Based Statistical Area (CBSA)** is a U.S. geographic area defined by the Office of Management and Budget (OMB) based around an urban center of at least 10,000 people and adjacent areas that are socioeconomically tied to the urban center by commuting. Areas defined on the basis of these standards applied to Census 2000 data were announced by OMB in June 2003. These standards are used to replace the definitions of metropolitan areas that were defined in 1990. The OMB released new standards based on the 2010 Census on February 28, 2013.[1][2]

The term "CBSA" refers collectively to both metropolitan statistical areas and micropolitan areas. Micropolitan areas are based around Census Bureau-defined urban clusters of at least 10,000 and fewer than 50,000 people. The map below shows the metropolitan areas (medium green) and micropolitan areas (in light green) for the CBSAs for the United States and Puerto Rico.

The basic definition of metropolitan areas has had slight changes made to it as well. A metropolitan area, as it did in 1990, requires a Census Bureau-defined urbanized area of at least 50,000 people. A metropolitan statistical area containing an urbanized area of at least 2.5 million people can be subdivided into two or more "metropolitan divisions," provided specified criteria are met. Metropolitan divisions are conceptually similar to the primary metropolitan statistical areas (PMSAs) defined under previous standards.



An enlargeable map of the 124 Combined Statistical Areas of the United States

By a similar token, there are now definitions for "Combined Statistical Areas" (CSA). These areas can be formed when adjoining CBSAs meet particular standards to become new areas. It does not matter which kind of areas they are; any combination of metro and micro areas may be used to form a CSA.

Unlike past years, the traditional listings of metropolitan areas list New England regions as county-based areas. In the past, these were referred to by the Census as "NECMA"s (New England County Metropolitan Areas) and were separate from the normal census counts for the areas, which used cities and towns as their basis. They have essentially swapped places now, with the city and town areas (or NECTAs for New England City and Town Areas) being the separate listings.

An enlargeable map of the NECTA Divisions of the US

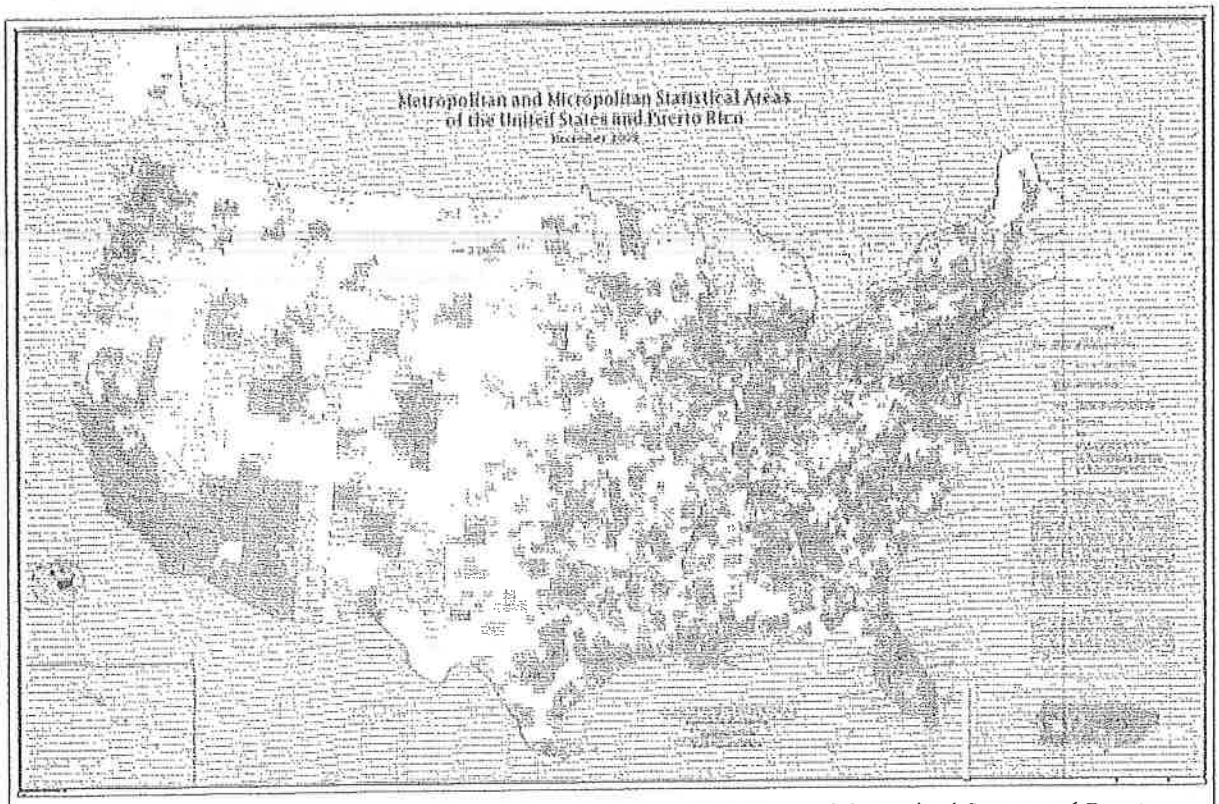
Despite there not being much change in the basic definition, 49 new metropolitan areas were formed as a result of the new rules for them. Over 550 other areas were classified as micropolitan. All told, the present rules have defined 935 CBSAs in the U.S. and Puerto Rico. 11 of the CBSAs have metropolitan

divisions, 29 in total. In comparison, the definition of metropolitan areas in 1999, the last year areas were formed based on the 1990 rules for them, there were 284 metropolitan areas, with 19 of the areas providing 76 primary metropolitan areas (the equivalent of divisions); almost three times the number of areas overall are now recognized by the OMB.

Contents

- 1 Map
- 2 See also
- 3 References
- 4 External links

Map



An enlargeable map of the 955 Core Based Statistical Areas (CBSAs) of the United States and Puerto Rico. The 374 Metropolitan Statistical Areas (MSAs) are shown in medium green. The 581 Micropolitan Statistical Areas (μSAs) are shown in light green.

See also

- United States of America

- Outline of the United States
- Index of United States-related articles
- Book:United States

- Demographics of the United States
  - United States Census Bureau
    - List of U.S. states and territories by population
    - List of metropolitan areas of the United States
    - List of United States cities by population
    - List of United States counties and county-equivalents
  - United States Office of Management and Budget
    - The OMB has defined 1098 statistical areas comprising 388 MSAs, 541 μSAs, and 169 CSAs
      - Primary statistical area – List of the 574 PSAs
        - Combined Statistical Area – List of the 169 CSAs
        - Core Based Statistical Area – List of the 929 CBSAs
          - Metropolitan Statistical Area – List of the 388 MSAs
          - Micropolitan Statistical Area – List of the 541 μSAs

References

1. ^ "GreatData.com" (http://greatdata.com). Retrieved 22 March 2013.
2. ^ "OMB" (http://www.whitehouse.gov/sites/default/files/omb/bulletins/2013/b13-01.pdf). Retrieved 22 March 2013.

External links

- United States Government (http://www.usa.gov/)
  - United States Census Bureau (http://www.census.gov/)
    - 2010 United States Census (http://2010.census.gov/2010census/)
    - USCB population estimates (http://www.census.gov/popest/data/index.html)
  - United States Office of Management and Budget (http://www.whitehouse.gov/omb/)

SUPPLEMENTAL #2
December 30, 2013
11:14 am

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Haywood

NAME OF FACILITY: Professional Home Health Care, LLC
DBA CareAll Home Care Services

I, Lynn Forte, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Lynn Forte / Controller
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 30 day of Dec, 2013, witness my hand at office in the County of Davidson, State of Tennessee.

C. LAWRENCE
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

NOTARY PUBLIC

My commission expires May 14, 2017.

HF-0043

Revised 7/02

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

Date: **February 12, 2014**

To: **HSDA Members**

From: **Melanie M. Hill, Executive Director**

Re: **CONSENT CALENDAR JUSTIFICATION**
CN1312-049 – Professional Home Health Care Services, LLC d/b/a CareAll Homecare Services

As permitted by Statute and further explained by Agency Rule on the last page of this memo, I have placed this application on the consent calendar based upon my determination that the application appears to meet the established criteria for granting a certificate of need. Need, economic feasibility and contribution to the orderly development of health care appear to have been demonstrated as detailed below. If Agency Members determine that the criteria have been met, a member may move to approve the application by adopting the criteria set forth in this justification or develop another motion for approval that addresses each of the three criteria required for approval of a certificate of need.

At the time the application entered the review cycle on January 1, 2014, it was not opposed. If the application is opposed prior to it being heard, it will be moved to the bottom of the regular November agenda and the applicant will make a full presentation.

Summary—

CareAll Homecare Services proposes to relocate its parent office from Covington, Tennessee in Tipton County to Brownsville, Tennessee in Haywood County, which currently operates as a branch office. The distance is approximately 25 miles point to point. CareAll is licensed to serve nineteen counties including Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakly. According to the 2012 Joint Annual Report, no services were provided in Benton, Carroll, Henry, Obion, or Weakley Counties. Branch offices are currently located in Brownville, Ripley, Alamo, Jackson, and Henderson. This request will not affect any of the other branch offices.

The applicant identifies the followings reasons for the relocation: 1) to locate the parent agency (administrative office) to a more central location within the service area 2) to recognize cost savings. The Brownsville office has a census of 124 while the Covington office currently only serves 19. The total

census for the agency is 450 patients. The closure of the office in Covington will eliminate two staff positions. Total estimated savings are $245,544 annually. If this application is approved, reimbursement will be reduced because the Covington office is currently reimbursed at an urban rate while the Brownsville office is reimbursed at a rural rate.

The project will be funded by cash reserves.

NOTE to Agency Members: CareAll Management and related entities agreed to a $9.375 million dollar settlement to resolve a federal False Claims Act Lawsuit in 2012 (see attachment). Mary Ellen Foley, who is the contact for the applicant, stated that the settlement with the federal government did not influence the decision to relocate the parent agency office.

Executive Director Justification -

Need- Need is demonstrated based upon the applicant's ability to continue to serve the population it presently serves.

Economic Feasibility-The only costs associated with the project are fees associated with the CON filing fee and legal and administrative fees. This will be funded though the cash reserves of the agency. While the relocation will result in reduced reimbursement, it will also reduce administrative costs significantly.

Contribution to the Orderly Development of Health Care-The project does contribute to the orderly development of health care since it appears the relocation of the parent office will significantly reduce administrative costs without negatively affecting patient care.

Statutory Citation -TCA 68-11-1608. Review of applications -- Report

(d) The executive director may establish a date of less than sixty (60) days for reports on applications that are to be considered for a consent or emergency calendar established in accordance with agency rule. Any such rule shall provide that, in order to qualify for the consent calendar, an application must not be opposed by any person with legal standing to oppose and the application must appear to meet the established criteria for the issuance of a certificate of need. If opposition is stated in writing prior to the application being formally considered by the agency, it shall be taken off the consent calendar and placed on the next regular agenda, unless waived by the parties.

Rules of the Health Services and Development Agency - 0720-10-.05 CONSENT CALENDAR

(1) Each monthly meeting's agenda will be available for both a consent calendar and a regular calendar.

(2) In order to be placed on the consent calendar, the application must not be opposed by anyone having legal standing to oppose the application, and the executive director must determine that the application appears to meet the established criteria for granting a certificate of need. Public notice of all applications intended to be placed on the consent calendar will be given.

(3) As to all applications which are placed on the consent calendar, the reviewing agency shall file its official report with The Agency within thirty (30) days of the beginning of the applicable review cycle.

(4) If opposition by anyone having legal standing to oppose the application is stated in writing prior to the application being formally considered by The Agency, it will be taken off the consent calendar and placed on the next regular agenda. Any member of The Agency may state opposition to the application being heard on the consent calendar, and if reasonable grounds for such opposition are given, the application will be removed from the consent calendar and placed on the next regular agenda.

(a) For purposes of this rule, the "next regular agenda" means the next regular calendar to be considered at the same monthly meeting.

(5) Any application which remains on the consent calendar will be individually considered and voted upon by The Agency.

NEWS

Nashville-Based James W. Carell, CareAll, Inc., And Related Entities Agree To Pay U.S. $9.375 Million To Resolve False Caims Act Lawsuit

FOR IMMEDIATE RELEASE August 13, 2012

James W. Carell, CareAll Management, LLC and related entities have agreed to pay $9.375 million to the federal government to resolve the lawsuit that the United States filed in 2009 alleging that they violated the False Claims Act, announced Stuart Delery, Acting Assistant Attorney General for the Civil Division of the Department of Justice and Jerry E. Martin, U.S. Attorney for the Middle District of Tennessee.

The lawsuit also alleged that CareAll (formerly known as Diversified Health Management, Inc.) and related entities, including, CareAll, Inc., the James W. Carell Family Trust, VIP Home Nursing and Rehabilitation Services, LLC, Professional Home Health Care, LLC, University Home Health, LLC and Elizabeth Vining (as representative of the Estate of Robert Vining) caused Medicare to pay out money through mistake of fact, and were unjustly enriched by falsely concealing the home health agencies' relationship with their management company. VIP, Professional and University now operate under the name CareAll.

James W. Carell and the related CareAll entities named above also agreed to be bound by the terms of a Corporate Integrity Agreement with the Department of Health andHuman Services-Office of Inspector General (HHS-OIG).

CareAll and its related entities are one of the largest home health providers in Tennessee. This settlement resolves the United States' lawsuit alleging that the CareAll entities fraudulently submitted eight cost reports for fiscal years 1999, 2000, and 2001 to support their Medicare billings. The United States alleged that these reports were false because they knowingly hid the relationship between the management company and the home health agencies.

According to the complaint the United States filed in this case, the cost reports should have disclosed that the management company was related to the home health agencies, which would have lowered the Medicare reimbursement for the management company's services. During the relevant years, the United States alleged that James W. Carell owned the management company, and his friend Robert Vining, an attorney who lived in Missouri, served as the nominee or "sham" owner of the home health agencies.

The United States further alleged in Court filings that the management company exerted significant control over the home health agencies in a myriad of ways, including James. W. Carell's key role in facilitating Robert Vining's purchase of the home health agencies; loans worth millions of dollars from companies owned by James W. Carell to the home health agencies; cash transfers for millions of dollars from the management company to the home health agencies; the management company's day to day control over the home health agencies' operations; and Robert Vining's role as a mere figurehead owner.

The United States also alleged in court filings that James W. Carell profited greatly from this sham owner relationship and that he monetarily rewarded Robert Vining for his participation in this scheme.

"The false reporting scheme alleged in this case robbed the Medicare Trust Fund of millions of taxpayer dollars," said Stuart Delery, Acting Assistant Attorney General for the Civil Division of the Department of Justice. "Settlements like this one make sure that our federal health care dollars are spent appropriately – on maintaining critical health care programs."

"This settlement is yet another example of this office's commitment to enforcing the False Claims Act in health care cases and protecting the taxpayer's interests," said U.S. Attorney Jerry Martin. "The U.S. Attorney's Office will continue to return money to the federal treasury by aggressively pursuing cases where, based on false reporting and concealment, health care companies are unjustly enriched."

"This settlement represents a significant victory in our fight against fraud in the Medicare system," said Derrick L. Jackson, Special Agent in Charge of the U.S. Department of Health and Human Services, Office of Inspector General in Atlanta. "The OIG is committed to protecting the integrity of federal health care programs by aggressively pursuing entities that increase their revenue through deceitful schemes and trickery."

The investigation of this case was conducted by HHS-OIG. The government was represented by Asst. U.S. Attorney Ellen Bowden McIntyre of the Middle District of Tennessee and Trial Attorneys and Susan Lynch and Michael McMahon of the Civil Division - U.S. Department of Justice.

The case is docketed as *United States v. James W. Carell, et al.*, No. 3:09-0445 (M.D. Tenn.). The claims settled by this agreement are allegations only, and there has been no determination of liability.

Return to Top

From the Nashville Business Journal
:http://www.bizjournals.com/nashville/news/2012/08/10/careall-to-pay-9m-settlement-with-feds.html

Aug 10, 2012, 5:36pm CDT

Home health provider CareAll to pay $9M settlement with feds

Annie Johnson
Staff Reporter- *Nashville Business Journal*
Email | Google+

Nashville-based CareAll Management LLC has agreed to pay the federal government $9.375 million to settle charges that the home health company fraudulently billed Medicare.

The settlement, announced late Friday by the U.S. Department of Justice and the U.S. Attorney's Office for the Middle District of Tennessee, ends a three-year investigation into alleged billing violations that occurred between 1999 and 2001. The company denies any wrongdoing.

"The false reporting scheme alleged in this case robbed the Medicare Trust Fund of millions of taxpayer dollars," Stuart Delery, acting assistant attorney general for the civil division of the Department of Justice, said in the news release.

CareAll is one of the largest home health providers in Tennessee.

James W. Carell, CareAll Management and related entities will pay the settlement to resolve a lawsuit filed by the federal government in 2009 alleging the company violated the False Claims Act. The action stemmed from allegations that CareAll, formerly named Diversified Health Management, wrongly concealed the relationship between the management company and related home health agencies that resulted in improper payments by Medicare.

In addition to the settlement, Carell and his CareAll entities agreed to terms of a corporate integrity agreement with the Department of Health and Human Services-Office of Inspector General.

Following the announcement, CareAll released a statement Friday night:

"Today, CareAll Inc. has settled its pending litigation with the United States. The lawsuit involved issues that related to an arcane method of cost accounting that is no longer required by the federal government," according to the statement. "The accounting issues that were the subject of the litigation involved matters that are over 10 years old — at a time when CareAll did not even own the agencies involved. CareAll vehemently denies that CareAll, or Jim Carell, were involved in any wrongdoing whatsoever."

Roping in health care billing fraud has been top of mind for U.S. Attorney Jerry Martin of the Middle District of Tennessee. In June, Maury Regional Medical Center agreed to pay the federal government $3.6 million, also to settle charges under the False Claims Act.

"This settlement is yet another example of this office's commitment to enforcing the False Claims Act in health care cases and protecting the taxpayer's interests," Martin said of CareAll in the release.

Here are excerpts from the U.S. Attorney's Office news release:

> *According to the complaint the United States filed in this case, the cost reports should have disclosed that the management company was related to the home health agencies, which would have lowered the Medicare reimbursement for the management company's services. During the relevant years, the United States alleged that James W. Carell owned the management company, and his friend Robert Vining, an attorney who lived in Missouri, served as the nominee or "sham" owner of the home health agencies.*
>
> *The United States further alleged in Court filings that the management company exerted significant control over the home health agencies in a myriad of ways, including James. W. Carell's key role in facilitating Robert Vining's purchase of the home health agencies; loans worth millions of dollars from companies owned by James W. Carell to the home health agencies; cash transfers for millions of dollars from the management company to the home health agencies; the management company's day to day control over the home health agencies' operations; and Robert Vining's role as a mere figurehead owner.*
>
> *The United States also alleged in court filings that James W. Carell profited greatly from this sham owner relationship and that he monetarily rewarded Robert Vining for his participation in this scheme.*
>
> Annie Johnson covers health care and legal affairs. You can follow her on Twitter at @AnnieNBJ.

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor 502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the Jackson Sun (Name of Newspaper) which is a newspaper of general circulation in Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley (County), Tennessee, on or before December 10, (Month/Day) , 2013 (Year), for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that: Professional Home Health Care, LLC D/B/A CareAll Homecare (Name of Applicant) Home Health Agency (Facility Type-Existing)

owned by: CareAll, LLC with an ownership type of a Limited Liability Company and to be managed by: CareAll Management, LLC intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]: Relocation of the home health agency parent(or principle) office from 901 Highway 51 South, Covington, Tipton county, Tennessee to the current location of its Brownsville branch office at 1151 Tammbell Street, Brownsville, Haywood county, Tennessee. Professional Home Health Care, LLC is licensed to serve Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley. Existing home care services will not be affected, and no service will be initiated or discontinued. The project does not impact patient care, involves no construction or capital expenditure or the acquisition or modification of any item of major medical equipment. Anticipated project cost is $ 59,300.

The anticipated date of filing the application is: December 13, 2013

The contact person for this project is Mary Ellen Foley (Contact Name) Project Director (Title) who may be reached at:

CareAll Management, LLC (Company Name) 326 Welch Road (Address)

(City) Nashville (State) Tennessee (Zip Code) 37211 615-331-6137 (Area Code / Phone Number)

Mary Ellen Foley (Signature) 12-09-2013 (Date)

mfoley@careallinc.com (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the agency.

CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954

DATE: January 31, 2014

APPLICANT: Professional Home Health Care, LLC
D/B/A CareAll Homecare Services
1151 Tammbell Street
Brownville, Tennessee

CN1312-049

CONTACT PERSON: Mary Ellen Foley, Project Director
CareAll Management, LLC
326 Welch Road
Nashville, Tennessee 37211

COST: $59,300

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:
Professional HealthCare, LLC, D/B/A CareAll Home Care, LLC located at 901 Highway 51 South Covington (Tipton County) Tennessee, seeks Certificate of Need (CON) approval to relocate its parent (or principal) office from the current location to its Brownsville branch office at 1151 Tammbell Street, Brownsville (Haywood County) Tennessee.

The existing home care services will not be affected and no services will be initiated or discontinued. This project does not impact patient care, involves no construction or capital expenditure, or the acquisition of any item of major medical equipment

The proposed new principal location is currently operating as the agency's branch office contains 2,300 square feet. No new construction is required.

This application has been placed on the Consent Calendar. Tenn. Code Ann. § 68-11-1608 Section (d) states the executive director of Health Services and Development Agency may establish a date of less than sixty (60) days for reports on applications that are to be considered for a consent or emergency calendar established in accordance with agency rule. Any such rule shall provide that, in order to qualify for the consent calendar, an application must not be opposed by any person with legal standing to oppose and the application must appear to meet the established criteria for the issuance of a certificate of need. If opposition is stated in writing prior to the application being formally considered by the agency, it shall be taken off the consent calendar and placed on the next regular agenda, unless waived by the parties.

Professional HealthCare, LLC, D/B/A CareAll Home Care, LLC is owned 100% by CareAll, LLC. CareAll, LLC is 98% owned by CareAll, Inc. and 2% owned by the estate of James W. Carell.

The total estimated project cost is $59,300 and will be funded through cash reserves as reported in a letter from the President of CareAll in Attachment C, Economic Feasibility.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

NEED:
The following table illustrates the population projects for 2014 through 2018 for the applicant's declared Tennessee service area.

Tennessee Service Area Total Population Projections 2014 and 2018

County	2014 Population	2018 Population	% Increase or (Decrease)
Benton	16,257	16,104	-0.9%
Carroll	28,119	27,831	-1.0%
Chester	17,472	17,999	3.0%
Crockett	14,596	14,683	0.6%
Decatur	11,822	12,080	2.2%
Dyer	38,218	38,427	0.5%
Fayette	40,930	44,888	9.7%
Gibson	51,128	52,162	2.1%
Hardeman	26,359	26,067	-1.1%
Hardin	26,012	26,244	0.9%
Haywood	18,117	18,009	-0.6%
Henderson	28,186	28,631	1.6%
Henry	32,697	32,956	0.8%
Lauderdale	27,341	27,125	-0.8%
McNairy	26,582	27,299	2.7%
Madison	99,555	101,000	1.5%
Obion	31,453	31,222	-0.7%
Tipton	63,865	67,545	5.8%
Weakley	38,522	39,491	2.5%
Total	637,231	649,763	**1.9%**

Source: *Tennessee Population Projections 2000-2020, June 2013 Revision*, Tennessee Department of Health, Division of Policy, Planning, and Assessment

The applicant proposes to close the Covington office and relocate the principal office to Brownsville. This allows for the principal office to be more centrally located for the branch offices and the administrative staff and places the principal office closer to a larger percentage of the agency's patient census.

Due to the decrease in Medicare episodic payment for home health care, the applicant has seen a 10 to 14% cut in the last two years, and TennCare payments for private duty and home health have decreased by 6% over the same period of time. CMS is projecting an additional 1.5% reduction in Medicare payments to home health agencies in 2014.

The closure of the Covington office, the reduction two positions the office's positions, in addition the Brownsville office being closer to a greater percentage of the agency's census, will result in an annual savings of $245,544.

TENNCARE/MEDICARE ACCESS:
Professional HealthCare, LLC, D/B/A CareAll Home Care, LLC, is Medicare and TennCare certified.

In 2012, Medicare gross revenues were $8,940,611 or 55.98% of gross revenues and TennCare gross revenues of $5,355,102 or 33.53%. The applicant anticipates similar numbers if the project is approved and relocated to Brownsville.

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:
The Department of Health, Division of Policy, Planning, and Assessment has reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Costs Chart is located on page 15 of the application. The total project cost is estimated to be $59,300.

Historical Data Chart: The Historical Data Chart is located in Supplemental 2 the application. The applicant reports net operating income of $5,602,185 $3,880,827 and $126,359 in years 2010, 2011, and 2012, respectively.

Projected Data Chart: The Projected Data Chart located is in Supplemental 2, pages 14. The applicant projects 41,398 and 42,226 visits in years one and two with net operating revenues of $1,130,918 and $1,230,845 each year, respectively.

The applicant did not consider any other alternative to this proposed project other than not move the Covington office to Brownsville.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:
The applicant currently has contractual relationship with BlueCare/TennCare Select and will attempt to contract with all three MCO's in their area.

There should be no negative affect on the health care system as a result of this project due to there being no additions, duplications, changes to services, or additional services to the service area.

The applicant currently has 47.0 FTE staff. If this project is approved, the applicant will eliminate 1.0 FTE Director of Patient Services and 1.0 FTE Office Coordinator for an annual savings of $61,720. The current field staff will continue to service the patients in their assigned areas. The applicant provides a listing of the current and proposed staffing in Attachment C, Contribution to Orderly Development, Item 3.

The applicant does not currently have any formal contracts with facilities for training students but has in the past accepted students from Jackson State Community College and Dyersburg State Community College for preceptoring of registered nurses and licensed physical therapy assistants.

Professional HealthCare, LLC, D/B/A CareAll Home Care, LLC is licensed by the Tennessee Department of Health, Board for Licensing Healthcare Facilities and certified by Medicare and Medicaid.

The most recent licensing survey was conducted on 4/11/2012 and deficiencies were noted in the areas of duties of registered nurses, drug regimen review, admissions, discharge, and transfers. The applicant's plan of correction was reviewed and accepted on 5/21/12.

SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT
OF
HEALTH CARE INSTITUTIONS

1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

   This criterion is not applicable to this project.

2. For relocation or replacement of an existing licensed health care institution:

   a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

      The applicant outlined the project costs in the Project Cost Chart. The emphasis of this project is on cost savings, improved access to branch office locations, and the provision of services closer to the principal office in order to provide closer access to a larger percentage of the patient population. The applicant identified no weaknesses or alternatives to the proposed project.

   b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

      With *the proposed CMS reduction in reimbursement for home health in 2014, the cost reduction of closing the Covington location and the reorganization of the Brownsville location will allow this agency to continue to meet the existing and future demand in a cost effective manner.*

3. For renovation or expansions of an existing licensed health care institution:

   a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

      This project does not involve any expansion or renovation.

   b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

      This project is not related to the condition of facility's physical plant.